## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 23, 2006 08:00 AM Secretary of State **DOCUMENT # 412282** 1. Entity Name DROWN ELECTRIC, INC. Principal Place of Business \_Mailing Address 2341 PORTER LAKE DRIVE 2341 PORTER LAKE DRIVE SUITE 105 SUITE 105 SARASOTA FL 34240 SARASOTA FL 34240 2. Principal Place of Business 3. Mailing Address Suite, Apt. II, etc. Suite, Apt. #, etc GR2E034 (10/05) 1st MOORE City & State City & State 4. FEI Number Applied For 59-1426048 Not Applicat Zip Country Country \$8.75 Additional 5. Certificate et Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HATT, PENNY Street Address (P.O. Box Number is Not Acceptable) 12715 RIVER ROAD MYAKKA CITY FL 34251 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accerthe obligations of registered agent Penny M. Hatt President 3-20-06 SIGNATURE \_\_\_\_\_ d or present name of registered agent and title it applicable (NOTE: Registerna Agent signature required when reinstalling) FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May E After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State tū. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THILE ☐ Delete TITLE Change Anti-000000478223 NAME STONE, CLIFFORD L. NAME STREET ADDRESS 84/07/06-80022-006 150.00 2100 BERN CREEK LOOP STREET ADDRESS CITY-SI-ZIP SARASOTA FL CITY-ST-ZIP ST Delete THE ☐ Change □ Add™ NAME HATT, RICHARD MAME STREET ADDRESS 12715 RIVER ROAD STREET ADDRESS CITY-ST-218 MYAKKA CITY FL 34251 City-St-2IP 71725 (Jelete MLE ☐ Change ☐ Add: NAME HATT, PENNY M STREET ADDRESS 12715 RIVER ROAD STREET ADDRESS CITY-ST-ZIP CATY-ST-ZIP MYAKKA CITY FL 3425t TITLE Delete ☐ Change ☐ Aur MAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZP ☐ Delete TITLE DAL. ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THEE Change ☐ Ad. NAME NAME STREE! ADDRESS STREET ADDRESS CSTY-ST-ZIP CITY-ST-ZIP

**FILED** 

SIGNATURE: Penny M. Hatt, President 3-20-06

SIGNATURE: Daylor Prints Name of Signing Officer on Director One Daylor Prints Prin

es, with all other like empowered.

if changed, or on an attachment with an addre

12. I hereby certify that the information supplied with this Ining does not quality for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or directly of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block