
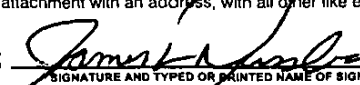


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90236 012 ***150.00

DOCUMENT # 442860			
1. Entity Name SOUTH LAKE ELECTRIC & CONSTRUCTION CO., INC			
Principal Place of Business 11013 STATE ROAD 33 POB 325 GROVELAND, FL 34736-0325 US		Mailing Address 7008 HUNT ROAD P.O. BOX 325 GROVELAND, FL 34736-0325 US	
2. Principal Place of Business		3. Mailing Address PO Box 325	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Groveland FL	
Zip	Country	Zip 34736	Country
6. Name and Address of Current Registered Agent NUSSBAUMER, JAMES L 11013 ST RD 33 GROVELAND, FL 34736		4. FEI Number 59-1889374 Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of New Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Name		City FL Zip Code	
Street Address (P.O. Box Number is Not Acceptable)			
City			
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 accept the obligations of registered agent.			
SIGNATURE		DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUSSBAUMER, CAROLYN P	NAME	
STREET ADDRESS	7008 HUNT RD	STREET ADDRESS	
CITY-ST-ZIP	GROVELAND, FL	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUSSBAUMER, JAMES L.	NAME	
STREET ADDRESS	11013 ST RD 33	STREET ADDRESS	
CITY-ST-ZIP	GROVELAND, FL 34736	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUSSBAUMER, JOSEPH W.,JR	NAME	
STREET ADDRESS	7008 HUNT RD	STREET ADDRESS	
CITY-ST-ZIP	GROVELAND, FL	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMLINSON, JOSEPH M	NAME	
STREET ADDRESS	2014 PASTURE LN.	STREET ADDRESS	
CITY-ST-ZIP	GROVELAND, FL 34736	CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TILLMAN, CHRISTOPHER J	NAME	
STREET ADDRESS	1016 W. LAKESHORE DR.	STREET ADDRESS	
CITY-ST-ZIP	CLERMONT, FL 34711	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAVES, JOYCE C	NAME	
STREET ADDRESS	10138 SR 33	STREET ADDRESS	
CITY-ST-ZIP	GROVELAND, FL 34736	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 director 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 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date: 3/14/06 352-429-2624	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	