

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90302 032 ***150.00

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1. Entity Name

AL STEFANELLI ELECTRICAL CONTRACTOR, INC.



Principal Place of Business

4255 HIGHWAY AVE
JACKSONVILLE FL 32254
US

Mailing Address

P O BOX 7557
JACKSONVILLE FL 32238
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number
59-1707098

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEFANELLI, ALBERT HENRY
4255 HIGHWAY AVE
JACKSONVILLE FL 32254

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME STEFANELLI, ALBERT H SR
STREET ADDRESS 9572 SW 69TH AVENUE
CITY-ST-ZIP HAMPTON FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS p.o. box 277
CITY-ST-ZIP Graham, Fl, 32042

TITLE VP ☐ Delete
NAME ANDREWS, GARY A
STREET ADDRESS 1202 EUTAW PLACE
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME STEFANELLI, ALBERT H SR
STREET ADDRESS 9572 SW 69TH AVENUE
CITY-ST-ZIP HAMPTON FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS P.O. Box 277
CITY-ST-ZIP Graham, fl, 32042

TITLE VP ☐ Delete
NAME STEFANELLI, ALBERT H JR.
STREET ADDRESS START ROUTE 1, BOX 38M
CITY-ST-ZIP HAMPTON FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:

[Signature]

Gary Andrews
Vice President

4/ 5 / 2006 904-388-9178

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #