


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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FILED
Aug 29, 2006 8:00 am
Secretary of State

08-15-2006 90004 004 ***150.00
08-29-2006 90003 021 ***400.00

DOCUMENT # 593108 1. Entity Name JOHN RICHARDSON ELECTRIC, INC.	
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Principal Place of Business 39329 SPARKMAN RD. DADE CITY, FL 33523 US	Mailing Address P O BOX 799 DADE CITY, FL 33526
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DO NOT WRITE IN THIS SPACE



03242006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1865869	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RICHARDSON, JOHN B. 39329 SPARKMAN RD. DADE CITY, FL 33525
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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	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, JOHN B 39329 SPARKMAN RD. DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICHARDSON, PAULA D. 39329 SPARKMAN ROAD DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT RICHARDSON, JOHN W. 39329 SPARKMAN ROAD DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: <i>Paula D. Richardson</i> <i>Paula D. Richardson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>352-567-2687</i> <small>Date Daytime Phone</small>
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