

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90154 035 \*\*\*150.00

**DOCUMENT # 634621**

1. Entity Name

**SPEAKS ELECTRIC, INC.**



Principal Place of Business

109 NW 7TH AVE  
OKEECHOBEE FL 34972-4111  
US

Mailing Address

109 NW 7TH AVE  
OKEECHOBEE FL 34972-4111  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1939873**

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

**SPEAKS, DONALD E.**  
**2502 SW 22ND CIRCLE W**  
**OKEECHOBEE FL 34974**

Name

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

**2502 SW 22nd Circle South**

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 reconstituting)

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  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME SPEAKS, DONALD E.  
STREET ADDRESS 2502 SW 22ND CIRCLE W  
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE ☒ Change ☐ Addition  
NAME **2502 SW 22nd Circle So.**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME SPEAKS, MARIE  
STREET ADDRESS 2502 SW 22 CIR W  
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE ☒ Change ☐ Addition  
NAME **2502 SW 22nd Circle So.**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ST ☐ Delete  
NAME REGISTER, JAMIE  
STREET ADDRESS 2502 SW 22 CIR W  
CITY-ST-ZIP OKEECHOBEE FL 34974

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

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 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:**

**Donald E. Speaks**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-15-06**

Date

**863-763-8689**

Daytime Phone #