


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 8:00 am
Secretary of State

01-31-2006 90014 047 ***150.00

DOCUMENT # 646491						
1. Entity Name BRAMLETT ELECTRIC, INC.						
Principal Place of Business 470 N.W. 68TH AVE OCALA, FL 34482			Mailing Address P.O. BOX 2874 OCALA, FL 34478-2874			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 59-1963822		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
DOZIER, G SHEPPARD 9 N.E. 1ST AVE. OCALA, FL 34470			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRAMLETT, ROBERT M		NAME			
STREET ADDRESS	600 SW 44TH AVE		STREET ADDRESS			
CITY-ST-ZIP	OCALA FL, 34474		CITY-ST-ZIP			
TITLE	VTS	<input type="checkbox"/> Delete	TITLE	TSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRAMLETT, CANDACE		NAME			
STREET ADDRESS	600 SW 44 AVE		STREET ADDRESS			
CITY-ST-ZIP	OCALA, FL 00000, 34474		CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRAMLETT, CANDACE		NAME			
STREET ADDRESS	600 SW 44 AVE		STREET ADDRESS			
CITY-ST-ZIP	OCALA, FL		CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Bramlett, Keith R.		
STREET ADDRESS			STREET ADDRESS	14401 West Highway 328		
CITY-ST-ZIP			CITY-ST-ZIP	Ocala, FL 34482		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			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: <i>Candace M. Bramlett</i>		Candace M. Bramlett		1/11/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		STD		Date		
				352/629-7295		
				Daytime Phone #		