

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 657573 1. Entity Name ELECTRICAL MATERIALS INSTALLATION, INC.					
Principal Place of Business 1945 CIRCLE DR MELBOURNE FL 32904 US			Mailing Address 1945 CIRCLE DR MELBOURNE FL 32904 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 59-1999567				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILBURN, TYRONE LEE 3711 TROUT ISLAND PL MELBOURNE FL 32934			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when translating) 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 NAME STREET ADDRESS CITY-ST-ZIP	PST WILBURN, TYRONE LEE 3711 TROUT ISLAND PL MELBOURNE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Add ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILBURN, TYRONE LEE 3711 TROUT ISLAND PL MELBOURNE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Add ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M OLIVER, CRAIG A 3032 ONTARIO DR WEST MELBOURNE FL 32935	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Add ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILBURN, JOYCE A 3711 TROUT ISLAND PL MELBOURNE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Add ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Add ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Add ☐	

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: *Joyce A Wilburn* 2/6/06 32934-1005