

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2006 08:00 AM
Secretary of State

DOCUMENT # 691375

1. Entity Name

SAULS POWER EQUIPMENT, INC.



Principal Place of Business

**% LOYD S SAULS
1125 NORTH JEFFERSON STREET
MONTICELLO FL 32344**

Mailing Address

**% LOYD S SAULS
1125 NORTH JEFFERSON STREET
MONTICELLO FL 32344**



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

59-2107236

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

**SAULS, LOYD S
1125 NORTH JEFFERSON STREET
MONTICELLO FL 32344**

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
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
**CD
SAULS, LOYD S
1125 NO JEFFERSON ST 72
MONTICELLO, FL 00000** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**U00000562738
05/19/06-80069-002 150.00** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PTD
SAULS, CAROLYN W
1125 NO JEFFERSON ST 72
MONTICELLO, FL 00000** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
SNEED, SANDRA
RT 2 BOX 15502
MONTICELLO FL** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
SAULS, JR., LOYD S.
1125 N. JEFFERSON ST.
MONTICELLO FL** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

TITLE
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☐ Delete

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

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:

Carolyn W. Sauls
Carolyn W. Sauls

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-3-06

Date

850-997-5044

Daytime Phone #