2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2007 8:00 am
Secretary of State
05-10-2007 90031 006 ***150.00

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

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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**

SAULS, LOYD S
1125 NORTH JEFFERSON STREET
MONTICELLO FL 32344

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 ______ 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

TITLE	CD	☐ Delete
NAME	SAULS, LOYD S	
STREET ADDRESS	1125 NO JEFFERSON ST 72	
CITY-ST-ZIP	MONTICELLO, FL 00000	
TITLE	PTD	☐ Delete
NAME	SAULS, CAROLYN W	
STREET ADDRESS	1125 NO JEFFERSON ST 72	
CITY-ST-ZIP	MONTICELLO, FL 00000	
TITLE	VP	☐ Delete
NAME	SNEED, SANDRA	
STREET ADDRESS	RT 2 BOX 15502	
CITY-ST-ZIP	MONTICELLO FL	
TITLE	VP	☐ Delete
NAME	SAULS, JR., LOYD S.	
STREET ADDRESS	1125 N. JEFFERSON ST.	
CITY-ST-ZIP	MONTICELLO FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
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 exemption stated in Section 119.07(1), 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.

Carolyn W. Sauls

SIGNATURE: Carolyn W. Sauls — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-07 — Date

850-997-5044 — Daytime Phone #

ATTACHMENT 4-30-07

Document # 691375 A0110495

After several attempts, I have not received my 2007 Annual Corporate Report Forms. I have made a copy of 2006 form & made date changes - Check enclosed. If not sufficient please call me, Carolyn Sauls at 997-5044.

Thanks,
Carolyn Sauls

P.S. Please send copy of 2007 (AR). for my record.

Sauls Power Equipment, Inc.
P. O. BOX 72
MONTICELLO, FLORIDA 32344