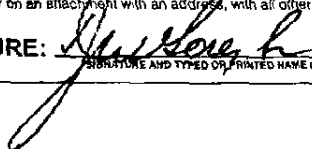


FILED
Feb 28, 2006 08:00 AM
Secretary of State

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 692005		
1. Entity Name GORE ELECTRIC, HEATING, REFRIGERATION AND AIR CONDITIONING, INC.		
Principal Place of Business 238 NO MASSACHUSETTS AVE LAKELAND, FL 33801		Mailing Address 238 NO MASSACHUSETTS AVE LAKELAND, FL 33801
DO NOT WRITE IN THIS SPACE		
		02012006 No Chg-P CR2E004 (11/05)
4. FEI Number 59-2112616		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent GORE, MILDRED E. 238 NO MASSACHUSETTS AVE LAKELAND, FL 33801		DO NOT WRITE IN THIS SPACE
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 (if applicable) (NOTE: Registered Agent signature required when reappointing) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP GORE, MILDRED EVELYN 238 NO MASSACHUSETTS AVE LAKELAND, FL 33801	
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TITLE 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 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: 		2-22-06 Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1563-686-544 Daytime Phone #