2006 FOR PROFIT CORPORATION

ANNUAL REPORT

WAYCROSS WINLECTRIC CO.

DOCUMENT # F02000001298

FILED May 12, 2006 08:00 Al Secretary of State

Principal Place of Business

93 VICKERS RD. WAYCROSS, GA 31501

STREET ADDRESS CITY-ST-ZIP

Mailing Address

1000 HURRICANE SHOALS RD C-100

LAWRENCEVILLE, GA 30043



DO NOT WRITE IN THIS SPACE

Applied For 4. FEI Number 02-0560247 Not Applicable

5. Certificate of Status Desired

05102006

\$8.75 Additional Fee Required

CR2E034 (11/05)

5. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

No Chg-P

	named entity submits this statement for the pions of registered agent.	urpose of changing its registered of	office or a	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable (NOTE Registered Ag	ent signatur	e required when reinstating)	DATE	
	LE NOW!!! FEE IS \$150.00 ue by September 6, 2006	Election Campaign Financin Trust Fund Contribution.	9 🗆	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. HILE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PD STEWART, RUSSELL A 93 VICKERS ROAD WAYCROSS, GA 31501	CTORS	,		U00000564930	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MUEGEL, PHILIP E 1000 HURRICANE SHOALS RD, C -1 ATLANTA, GA 30043	00			05/20/06-80095-016 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSENBAUGH, JACK D 3110 KETTERING BLVD. DAYTON, GA 31501			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABBOTT, RUSSELL W 3110 KETTERING BLVD. DAYTON, GA 31501			IN '	THIS SPACE	
HILE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME		İ				

12. Thereby 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. 1 hele Entween

SIGNATURE:	. , , , , , , , , , , , , , , , , , , ,	
••••	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

Daytime Phone #

Date