

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000002401	
1. Entity Name EZ ELECTRIC, INC. OF WV	

Principal Place of Business 4812 W. PEA RIDGE ROAD HUNTINGTON, WV 25705	Mailing Address 4812 W. PEA RIDGE ROAD HUNTINGTON, WV 25705
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DO NOT WRITE IN THIS SPACE

03202006 No Chg-P CR2E034 (11/05)

4. FEI Number 55-0621058	Applied For (Not Applicable)
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent O T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**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 FEI # (optional) (NOTE: Registered Agent signature required when individual) DATE**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**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	PCD JOHNSON, BRUCE G 591 TOWNSHIP ROAD 185 PROCTORVILLE, OH 45669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSON, JANET L 591 TOWNSHIP ROAD 185 PROCTORVILLE, OH 45669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NELSON, CHARLE M P.O. BOX 416 ONA, WV 25545
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/25/06-80079-018 150.00**DO NOT WRITE
IN THIS SPACE**

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 557, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

OVERSIC FEE