

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005181

FILED  
Jan 19, 2006  
Secretary of State

Entity Name: CALVIN LOFTIS ELECTRIC, INC.

## Current Principal Place of Business:

108 BARNES ROAD  
MARION, NC 28752

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 1568  
MARION, NC 28752

## New Mailing Address:

FEI Number: 56-1910198

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SANDERS, RONALD D MR.  
159 BECK RD.  
PALATKA, FL 32177 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: LOFTIS, CALVIN  
Address: 6276 BUCK CREEK ROAD  
City-St-Zip: MARION, NC 28752

Title: V ( ) Delete  
Name: LOFTIS, CAROLYN L  
Address: 6276 BUCK CREEK ROAD  
City-St-Zip: MARION, NC 28752

Title: SEC ( ) Delete  
Name: GRANT, LASHONDA D  
Address: 516 NIX CREEK CHURCH ROAD  
City-St-Zip: MARION, NC 28752

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: LOFTIS, CAROLYN L  
Address: 8655 BUCK CREEK ROAD  
City-St-Zip: MARION, NC 28752

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LASHONDA D GRANT

SEC

01/19/2006

Electronic Signature of Signing Officer or Director

Date