2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000006235

1. Entity Name
D & N ELECTRIC COMPANY

Principal Place of Business	Mailing Address
3335 DOGWOOD DRIVE HAPEVILLE, GA 30354	3335 DOGWOOD DRIVE HAPEVILLE, GA 30354

02072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2662399
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PAXTON & SMITH PA
1615 FOURM PLACE SUITE 500
WEST PALM BEACH, FL 33401

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

000000434411
02/24/06-80063-023 158.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NIX, ROBERT L
STREET ADDRESS	13544 HIGHWAY 18 WEST
CITY-ST-ZIP	ZEBULON, GA 30295
TITLE	DP
NAME	ARMSTRONG, MATTHEW G
STREET ADDRESS	13656 HIGHWAY 18 WEST
CITY-ST-ZIP	ZEBULON, GA 30295
TITLE	DST
NAME	MUNROE, MICHAEL W
STREET ADDRESS	1629 HOMESTEAD TRAIL
CITY-ST-ZIP	ALPHARETTA, GA 30004
TITLE	VP
NAME	VAUGHAN, JIMMY R
STREET ADDRESS	1455 UNCLE BEN DRIVE
CITY-ST-ZIP	POWDER SPRINGS, GA 30127
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Michael W Munroe 2616 404-254-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #