


**FILED**  
**Jan 24, 2006 8:00 am**  
**Secretary of State**

01-24-2006 90013 039 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|   |   |
|---|---|
| <b>DOCUMENT # F29119</b><br>1. Entity Name<br><b>MURDOCK ELECTRIC, INC.</b> |  |
|---|---|

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| Principal Place of Business<br><b>1444-H MARKET CIRCLE<br/>UNIT 8<br/>PT CHARLOTTE, FL 33953</b> | Mailing Address<br><b>1444-H MARKET CIRCLE<br/>UNIT 8<br/>PT CHARLOTTE, FL 33953</b> |
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01092006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number<br><b>59-2076505</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br><b>FIEDLER, MARY JANE<br/>1444-H MARKET CIR<br/>PT CHARLOTTE, FL 33953</b> |
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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 <u><i>Mary Jane Fiedler</i></u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                        | DATE <u>1-13-06</u> |

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>CRUDEL, JOHN MICHAEL<br/>1444 MARKET CIRCLE UNIT 8<br/>PORT CHARLOTTE, FL 33953</b> <i>Delite</i> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PTSD<br/>FIEDLER, MARY JANE<br/>166 STRASBURG DR<br/>PORT CHARLOTTE, FL 33952</b>                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP<br/>FIEDLER, DAVID<br/>166 STRASBURG DR<br/>PORT CHARLOTTE, FL 33952</b>                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: <u><i>Mary Jane Fiedler</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  | DATE <u>1-13-06</u> | DAYTIME PHONE # <u>941-629-4280</u> |