

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # F29119**

1. Entity Name  
MURDOCK ELECTRIC, INC.



Principal Place of Business  
1444-H MARKET CIRCLE  
UNIT 8  
PT CHARLOTTE, FL 33953

Mailing Address  
1444-H MARKET CIRCLE  
UNIT 8  
PT CHARLOTTE, FL 33953

**DO NOT WRITE IN THIS SPACE**

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

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



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2076505	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FIEDLER, MARY JANE  
1444-H MARKET CIR  
PT CHARLOTTE, FL 33953

**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: *Mary Jane Fiedler*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-13-06

DATE

**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

10. OFFICERS AND DIRECTORS

TITLE: D  
NAME: CRUDEL, JOHN MICHAEL  
STREET ADDRESS: 1444 MARKET CIRCLE UNIT 8  
CITY-ST-ZIP: PORT CHARLOTTE, FL 33953

*Delete*

TITLE: PTSD  
NAME: FIEDLER, MARY JANE  
STREET ADDRESS: 166 STRASBURG DR  
CITY-ST-ZIP: PORT CHARLOTTE, FL 33952

TITLE: VP  
NAME: FIEDLER, DAVID  
STREET ADDRESS: 166 STRASBURG DR  
CITY-ST-ZIP: PORT CHARLOTTE, FL 33952

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

**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 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: *Mary Jane Fiedler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-06 941-1029-4280

Date

Daytime Phone #