

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F72590

FILED
Mar 31, 2006
Secretary of State

Entity Name: ELECTRIC MOTOR REPAIR SERVICE OF FORT WALTON BEACH, INC.

Current Principal Place of Business:

90 SKIPPER AVE.
FT. WALTON BEACH, FL 325476742 US

New Principal Place of Business:

Current Mailing Address:

90 SKIPPER AVE.
FORT WALTON BEACH, FL 32547 US

New Mailing Address:

FEI Number: 59-2185119

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OGLESBY, LESLIE N
90 SKIPPER AVE.
FT. WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

OGLESBY, LESLIE N PRES
90 SKIPPER AVE.
FT. WALTON BEACH, FL 32547 US

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: LESLIE OGLESBY

03/31/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: OGLESBY, LESLIE N PRES
Address: 2600 PALAMEANO CT.
City-St-Zip: CRESTVIEW, FL 32536

Title: S/T () Delete
Name: TILTON, SHARON R S/T
Address: 194 BIRCH ST.
City-St-Zip: FREEPORT, FL 32439

Title: VP () Delete
Name: OGLESBY, LESLIE N VP
Address: 6198 SUNDEW STREET
City-St-Zip: CRESTVIEW, FL 32536

Title: VP () Delete
Name: BROXSON, GRADY A VP
Address: 83 EDGEWOOD
City-St-Zip: FREEPORT, FL 32439

Title: OM (X) Delete
Name: TILTON, SHARON R OM
Address: 194 BIRCH ST.
City-St-Zip: FREEPORT, FL 32439

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: OGLESBY, LESLIE N PRES
Address: 6198 SUNDEW ST.
City-St-Zip: CRESTVIEW, FL 32536

Title: TRES (X) Change () Addition
Name: TILTON, SHARON R TRES
Address: 194 BIRCH ST.
City-St-Zip: FREEPORT, FL 32439

Title: VP (X) Change () Addition
Name: BROXSON, GRADY A VP
Address: 83 EDGEWOOD
City-St-Zip: FREEPORT, FL 32439

Title: OM (X) Change () Addition
Name: TILTON, SHARON R OM
Address: 194 BIRCH STREET
City-St-Zip: FREEPORT, FL 32439

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: LESLIE OGLESBY

PRES

03/31/2006

Electronic Signature of Signing Officer or Director

Date