2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 13, 2006 08:00 AM DOCUMENT # G02571 **Secretary of State** 1. Entity Name BLACKWELDER & ASSOCIATES ELECTRIC CO., INC. Principal Place of Business Mailing Address 6965 - 38TH STREET NO. 6965 - 3BTH STREET NO. PINELLAS PARK, FL 33781 PINELLAS PARK, FL 33781 No Cha-P CRZE034 (11/05) 01032006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2280166 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TONOREAULT, ALFRED E. JR. DO NOT WRITE 14469 MARK DR LARGO, FL 33781 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______Signature, typed or printed name of registered agent and title it applicable (NOTE: Rogistered Agent signature required when reinslating) 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS रास ह NAME TONDREAULT, ALFRED E. JR 14469 MARK DR STREET ADDRESS CITY-ST-ZIP LARGO, FL 33781 H00000462847 03/21/06 80053-001 150.00 TITLE NAME BLACKWELDER, DEAN STREET ADDRESS 8646 KENWOOD RD LARGO, FL 33777 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ACCRESS CITY-ST-71P

12. I hereby certify that the information supplied with this filling 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 507, 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:

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/06 727-526-1873

FILED

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