## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 19, 2006 08:00 AM **Secretary of State** DOCUMENT # H03138 . Entity Name RICH'S ELECTRICAL SERVICE, INC. Principal Place of Business Mailing Address 417 OAK PLACE 417 OAK PLACE STE. #1 STE, #1 PORT ORANGE, FL 32127 PORT ORANGE, FL 32127 01132006 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 59-2424722 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent RHYNARD, M.A., ESQ. DO NOT WRITE 515 S.RIDGEWOOD AVE. DAYTONA BEACH, FL 32014 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. (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PTD TITLE NAME GREGOIRE, RICHARD M. STREET ADDRESS 417 OAK PLACE #1 CITY-ST-ZIP PORT ORANGE, FL TITLE MAME GREGOIRE, JANNE C. 417 OAK PLACE #1 STREET ADDRESS CITY-ST-ZIP PORT ORANGE, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

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 cath; 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SCHATURE AND TYPED OR PRINTED NAME OF SIGNING FFICER OR DIRECTOR

1-13-2006 386-767-7829

**FILED** 

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