


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # H75651 1. Entity Name PHOENIX ELECTRIC COMPANY, INC.					
Principal Place of Business C/O JOHN MCDADE 1100 SURF ROAD, APT. 105 RIVIERA BEACH FL 33404			Mailing Address C/O JOHN MCDADE 1100 SURF ROAD, APT. 105 RIVIERA BEACH FL 33404		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CALDWELL, MANLEY P., JR. 324 ROYAL PALM WAY P. O. BOX 2775 PALM BEACH FL 33480				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State </div> <div style="width: 60%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Added to Fee </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	MCDADE, JOHN	NAME			
STREET ADDRESS	1100 SURF ROAD, APT. 105	STREET ADDRESS			
CITY-ST-ZIP	RIVIERA BEACH FL 33404	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	MCDADE, DORIS E.	NAME			
STREET ADDRESS	1100 SURF ROAD, APT. 105	STREET ADDRESS			
CITY-ST-ZIP	RIVIERA BEACH FL 33404	CITY-ST-ZIP			
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	CALDWELL, MANLEY P., JR.	NAME			
STREET ADDRESS	324 ROYAL PALM WAY	STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	CLARK, TODD A	NAME			
STREET ADDRESS	3132 BUCKLEY AVENUE	STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL 33461	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			



1st MOORE CR2E034 (10/05)

4. FEI Number **59-2578004** Applied For ☐ Not Applied ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

U00000503728
04/26/06-80043-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: John McDADE JOHN MCDADE 4/10/06 (561)843-5257