


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # J19387		
1. Entity Name RON SERGENTS ELECTRIC INC.		

FILED

06 AUG 28 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 10409 VENTURA AVE. TAMPA, FL 33619	Mailing Address 10409 VENTURA AVE. TAMPA, FL 33619
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08172006 Chg-P CR2E034 (11/05)

4. FEI Number 59-2701488		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SERGENT, ULDRICK R., JR. 10409 VENTURA AVE. TAMPA, FL 33619		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 date of signature

Signature required when reinstating

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SERGENT, ULDRICK R JR 10409 VENTURA AVE. TAMPA, FL 33619 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KEVIN PAUL SERGENT 10409 VENTURA AVE. TAMPA, FL 33619 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SERGENT, BONNIE 10409 VENTURA AVE. TAMPA, FL 33619 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	400079281264 08/20/06--01052--003 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Uldrick R. Sargent Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/06
Date

813
626-6915
Daytime Phone #

20 8/29