


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 19, 2006 8:00 am
Secretary of State

06-19-2006 90001 026 ***150.00

DOCUMENT # J36059	
1. Entity Name AULT BROS., INC., ELECTRICAL CONTRACTORS	

Principal Place of Business 1910 SE COVE RD PO BOX 1837 PORT SALERNO, FL 34992 US	Mailing Address P.O. BOX 1528 PORT SALERNO, FL 34992 US
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03152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2726237	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

AULT, MICHAEL DALE
5529 S.E. AULT AVENUE
STUART, FL 34997

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD AULT, DAVID P.O. BOX 1497 PORT SALERNO, FL 34992
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD AULT, MICHAEL DALE 5529 SE AULT AVE STUART, FL
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**DO NOT WRITE
IN THIS SPACE**

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 or other, the empowered.

SIGNATURE: Michael Dale Ault 3/27/06 772-283-5520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #