

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

**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**

**DO NOT WRITE IN THIS SPACE**



02132007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2726237**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

U000000673673  
03/29/07-80039-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	VSD
NAME	AULT, DAVID
STREET ADDRESS	P.O. BOX 1497
CITY-ST-ZIP	PORT SALERNO, FL 34992
TITLE	PTD
NAME	AULT, MICHAEL DALE
STREET ADDRESS	5529 SE AULT AVE
CITY-ST-ZIP	STUART, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/07

Date

(772) 283-5520

Daytime Phone #