


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90165 032 \*\*\*150.00

<b>DOCUMENT # J44114</b> 1. Entity Name <b>M. J. D. ELECTRIC, INC.</b>					
Principal Place of Business <b>3151 COOPER ST # 52 PUNTA GORDA FL 33950</b>			Mailing Address <b>3151 COOPER ST # 52 PUNTA GORDA FL 33950</b>		
2. Principal Place of Business <b>1406 Sea Fan DR</b>			3. Mailing Address <b>1406 Sea Fan DR</b>		
Suite, Apt. #, etc. <b>Punta Gorda FL</b>			Suite, Apt. #, etc. <b>Punta Gorda FL</b>		
City & State <b>Punta Gorda FL</b>			City & State <b>Punta Gorda FL</b>		
Zip <b>33950</b>		Country <b>Charlotte</b>		4. FEI Number <b>59-2782092</b>	
Zip <b>33950</b>		Country <b>Charlotte</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>D'AMICO, MARIE 3151 COOPER ST. #52 PUNTA GORDA FL 33950</b>				7. Name and Address of New Registered Agent Name <b>D'Amico Michael</b> Street Address (P.O. Box Number is Not Acceptable) <b>1406 Sea Fan DR</b> <b>Punta Gorda</b> City <b>FL</b> Zip Code <b>33950</b>	
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 <b>Michael D'Amico</b> <i>Michael D'Amico Pres.</i> <b>2/24/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS D'AMICO, MARIE 1406 SEA FAN DR PUNTA GORDA FL	<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	VP D'AMICO, MICHAEL 1406 SEA FAN DR PUNTA GORDA FL 33950	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P' D'Amico Michael 1406 SEA FAN DR. PUNTA GORDA FL 33950</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DAMICO, ANTHONY 1430 COMPTON ST. BRANDON FL 33511	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VP D'Amico Anthony 1430 Compton St. Brandon FL 33511</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<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	<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	<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 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: <b>Michael D'Amico</b> <i>Michael D'Amico</i> <b>2/24/06</b> <b>94-575-0112</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					