

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90287 027 ***158.75

DOCUMENT # K60657

1. Entity Name
GUARANTEE ELECTRIC, INC.



Principal Place of Business
**9545 STAR TRAIL
NEW PORT RICHEY, FL 34654**

Mailing Address
**9545 STAR TRAIL
NEW PORT RICHEY, FL 34654**



2. Principal Place of Business
10645 FAWN DRIVE
Suite, Apt. #, etc.

3. Mailing Address
10645 FAWN DRIVE
Suite, Apt. #, etc.

02212006 Chg-P CR2E034 (11/05)

City & State
NEW PORT RICHEY FL.
Zip Country
34654 PASCO

City & State
NEW PORT RICHEY FL.
Zip Country
34654 PASCO

4. FEI Number
59-2970767
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCCUTCHEN, PATRICIA
9545 STAR TRAIL
NEW PORT RICHEY, FL 34654**

7. Name and Address of New Registered Agent

Name
PATRICIA S. KENNEDY
Street Address (P.O. Box Number is Not Acceptable)
10645 FAWN DRIVE
City **NEW PORT RICHEY** **FL** Zip Code **34654**

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 *Patricia Kennedy* **OWNER** **4/4/06**
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	FISCHER, JAMES F	
STREET ADDRESS	10645 FAWN DR	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654	
TITLE	V	<input type="checkbox"/> Delete
NAME	KENNEDY, DAVID F	
STREET ADDRESS	10645 FAWN DR	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654	
TITLE	S	<input type="checkbox"/> Delete
NAME	KENNEDY, PATRICIA S	
STREET ADDRESS	10645 FAWN DR	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICIA S. KENNEDY	
STREET ADDRESS	10645 FAWN DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: PATRICIA S. KENNEDY *Patricia Kennedy* **4/4/2006 727868-8814**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #