

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L42370

1. Entity Name
ARMSTRONG ELECTRIC MOTOR SERVICE, INC.



Principal Place of Business
**C/O MICHAEL ARMSTRONG
1609 W CANAL ST POB 774
NEW SMYRNA BEACH, FL 32170**

Mailing Address
**C/O MICHAEL ARMSTRONG
1609 W CANAL ST POB 774
NEW SMYRNA BEACH, FL 32170**



01302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2988602

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**ARMSTRONG, MICHAEL
802 FAIRWAY DR.
NEW SMYRNA BEACH, FL 32168**

**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 _____
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 VS
NAME ARMSTRONG, THERESA
STREET ADDRESS 802 FAIRWAY DR., P.O. BOX 411
CITY-ST-ZIP NEW SMYRNA BEACH, FL

TITLE PTD
NAME ARMSTRONG, MICHAEL
STREET ADDRESS 802 FAIRWAY DR., P.O. BOX 411
CITY-ST-ZIP NEW SMYRNA BCH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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000000415480
02/11/06-80082-014 150.00

**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: Michael Armstrong PTD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-06 3864288241
Date Daytime Phone #