

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L42370 1. Entity Name ARMSTRONG ELECTRIC MOTOR SERVICE, INC.	
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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
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DO NOT WRITE IN THIS SPACE



02102007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2988602	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (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**

10: OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ARMSTRONG, THERESA 802 FAIRWAY DR., P.O. BOX 411 NEW SMYRNA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ARMSTRONG, MICHAEL 802 FAIRWAY DR., P.O. BOX 411 NEW SMYRNA BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/21/07-80061-019 150.00

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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* **2-10-07 386428826**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #