

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L64815

FILED  
May 13, 2006  
Secretary of State

Entity Name: THOMAS E. RICHMOND ELECTRIC, INC.

## Current Principal Place of Business:

3086 ENTERPRISE RD  
FT. PIERCE, FL 34982 US

## New Principal Place of Business:

## Current Mailing Address:

3086 ENTERPRISE RD  
FT. PIERCE, FL 34982

## New Mailing Address:

FEI Number: 65-0182447      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

RICHMOND, THOMAS E.  
2717 S. 19TH ST.  
FT. PIERCE, FL 34982 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: RICHMOND, THOMAS E  
Address: 2717 S 19TH STREET  
City-St-Zip: FT. PIERCE, FL 34950

Title: STD ( ) Delete  
Name: RICHMOND, JACKIE B  
Address: 2717 S 19TH STREET  
City-St-Zip: FT. PIERCE, FL 34982

Title: V ( ) Delete  
Name: RICHMOND, CHRISTOPHER W  
Address: 6440 NW POLLY COURT  
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: V ( ) Delete  
Name: WALDRON, SHARON  
Address: 6869 NW DRAGON STREET  
City-St-Zip: PORT ST LUCIE, FL 34983

Title: V ( ) Delete  
Name: RICHMOND II, THOMAS E  
Address: 914 DELAWARE AVENUE  
City-St-Zip: FT PIERCE, FL 34950

Title: V ( ) Delete  
Name: MCWHORTER, MELISSA R  
Address: 1756 W SANDERLING LANE  
City-St-Zip: FT. PIERCE, FL 34982

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON WALDRON

V

05/13/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date