

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90171 006 ***150.00

DOCUMENT # M95519

1. Entity Name
ELECTRICAL EXPRESS, INC.



Principal Place of Business

**200 BUSINESS PARKWAY
SUITE D
ROYAL PALM BEACH, FL 33411 US**

Mailing Address

**200 BUSINESS PARKWAY
SUITE D
ROYAL PALM BEACH, FL 33411 US**



02022006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0072030

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HEINE, MICHAEL JUDE
8694 CR 766
ROYAL PALM BEACH, FL 33411**

**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 HEINE, MICHAEL JUDE
STREET ADDRESS 8694 CR 766
CITY-ST-ZIP WEBSTER, FL 33597

TITLE P
NAME OAKES, BRITT
STREET ADDRESS 1310 CAPE MAY LN.
CITY-ST-ZIP WEST PALM BEACH, FL 33413
*PO Box 1572
Loxahatchee, FL 33470*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 or without other like empowered.

SIGNATURE:

SIGNATURE, TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/20/06