

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Mar 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000035702**

**1. Entity Name**  
**KUHN ELECTRIC INC.**



**Principal Place of Business**  
2951 SW 66 STREET  
OCALA FL 34476  
US

**Mailing Address**  
2951 SW 66 STREET  
OCALA FL 34476  
US

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

**4. FEI Number**  
**59-3638482**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

KUHN, TIMOTHY C  
2951 SW 66 STREET  
OCALA FL 34476

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**D** ☐ Delete  
KUHN, TIMOTHY C  
2951 SW 66 STREET  
OCALA FL 34476

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**U000000254135** ☐ Change ☐ Addition  
**03/07/05-80059-014 150.00**

**TITLE**  
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☐ Change ☐ Addition

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-2-05 (352) 873-3973