

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000010370

Entity Name: JOSHUA CREEK ELECTRIC, INC.

FILED  
Apr 17, 2006  
Secretary of State

## Current Principal Place of Business:

4120 SE COUNTY RD #760  
ARCADIA, FL 34269 US

## New Principal Place of Business:

## Current Mailing Address:

P.O.BOX 549  
LEHIGH ACRES, FL 33970 US

## New Mailing Address:

FEI Number: 65-1091952

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHELFER, DUANE C  
4120 SE. CR. 760  
ARCADIA, FL 34266 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SHELFER, DUANE C  
Address: 4120 SE. CR. 760  
City-St-Zip: ARCADIA, FL 34266 US

Title: D ( ) Delete  
Name: SMITH, STEVEN L  
Address: P.O. BOX 3321  
City-St-Zip: N. FORT MYERS, FL 33918 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DUANE SHELFER

P

04/17/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date