

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000034655

1. Entity Name
SANIBEL ELECTRIC COMPANY



Principal Place of Business

**15036 BONN AIR CIRCLE
FORT MYERS, FL 33908**

Mailing Address

**15036 BONN AIR CIRCLE
FORT MYERS, FL 33908**

FILED
Jan 23, 2006 08:00 AM
Secretary of State



01122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-111838

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**URKOVICH, RONALD S
2323 WOOSTER LN.
SUITE 2
SANIBEL ISLAND, FL 33957**

**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 the filer, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

100000337329
01/30/06-80047-001 150.00

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 PD
NAME KURN, CHARLIE
STREET ADDRESS 15036 BONN AIRE CIRCLE
CITY - ST - ZIP FORT MYERS, FL 33908

TITLE SD
NAME KURN, ANN
STREET ADDRESS 15036 BONN AIRE CIRCLE
CITY - ST - ZIP FORT MYERS, FL 33908

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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone ()

239-218-9283