

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000082875	
1. Entity Name FIT YOUR BUDGET ELECTRIC, INC.	

Principal Place of Business PO BOX 151816 CAPE CORAL FL 33915	Mailing Address PO BOX 151816 CAPE CORAL FL 33915
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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 (10/05)

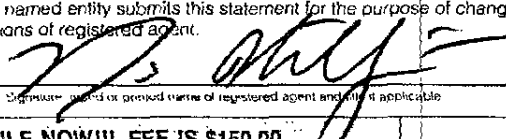
4. FCI Number 65-1131091	Applied For ☐ Not Applied
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PHILLIPS, NICK 1525 SOUTHEAST 17TH STREET CAPE CORAL FL 33990

7. Name and Address of New Registered Agent	
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  DATE **2-7-06**

(Signature printed or printed name of registered agent and title if applicable)

(NOTE) Registered Agent signature required when resigning

DATE

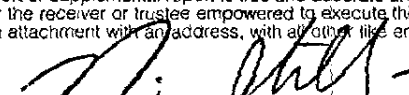
FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		
TITLE	NAME	☐ Delete
STREET ADDRESS	PO BOX 15186	
CITY - ST - ZIP	CAPE CORAL FL 33915	
TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	☐ Change ☐ Add
STREET ADDRESS	000000427323	
CITY - ST - ZIP	02/21/06-80002-023 150.00	
TITLE	NAME	☐ Change ☐ Add
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	☐ Change ☐ Add
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	☐ Change ☐ Add
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	☐ Change ☐ Add
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DATE **2-7-06**