


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90054 029 ***150.00

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|--|---|--|---|---|--|
| DOCUMENT # P01000116842 1. Entity Name AMPLIFIED ELECTRIC, INC. | | | |  | |
| Principal Place of Business 911 WOODROW WILSON SUITE #6 PLANT CITY, FL 33567 | | | Mailing Address 911 S. WOODROW WILSON MAIL BOX #5 PLANT CITY, FL 33563 | | |
| 2. Principal Place of Business 911 S. Woodrow Wilson Suite, Apt. #, etc. SUITE #6 | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State PLANT CITY, FL. | | | City & State | | |
| Zip 33563 | | | Zip | | |
| Country | | | Country | | |
| 6. Name and Address of Current Registered Agent BUTTERWORTH, CHRISTOPHER 1601 WILLIAMS RD. PLANT CITY, FL 33565 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BUTTERWORTH, CHRISTOPHER 1601 WILLIAMS ROAD PLANT CITY, FL 33565 | <input type="checkbox"/> Delete | | | |
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| 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: <u>Chris Butterworth</u> <u>2-14-06</u> <u>813-659-2050</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |