

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000031365
1. Entity Name
ALL COUNTY ELECTRIC, INC.



Principal Place of Business Mailing Address
730 HICKORY LANE 730 HICKORY LANE
PALM HARBOR, FL 34681 PALM HARBOR, FL 34681

DO NOT WRITE IN THIS SPACE



04042006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
02-0597189 Not Applicable

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

6. Name and Address of Current Registered Agent

BENNETT, SCOTT J
730 HICKORY LANE
PALM HARBOR, FL 34681

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IN THIS SPACE**

6. 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, SCOTT J 730 HICKORY LANE PALM HARBOR, FL 34681
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000511857
04/29/06-80056-023 150.00

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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: Scott Bennett SCOTT BENNETT PRESIDENT 4-13-06 787-656-3651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #