

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000040647					
1. Entity Name FRED J. FAIRCHILD ELECTRIC INC.					
Principal Place of Business P.O. BOX 2033 LADY LAKE, FL 32158 US			Mailing Address P.O. BOX 2033 LADY LAKE, FL 32158 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		City & State		City & State	
6. Name and Address of Current Registered Agent FINANCIAL FOUNDATIONS, INC. 3150 SANDY RIDGE DR CLEARWATER, FL 33761				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FEI Number 02-0589217	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees				Amended AR is \$61.25	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FAIRCHILD, FREDERICK W P.O. BOX 2033 LADY LAKE, FL 32158	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Fairchild, Susie E. P.O. Box 2033 Lady Lake, FL 32158	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FAIRCHILD, FREDERICK J 6550 NW POMONA CT PORT ST LUCIE, FL 34983	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Fairchild, Frederick W. P.O. Box 2033 Lady Lake, FL 32158	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Fairchild, Frederick J. 6550 NW Pomona Ct. Port St Lucie, FL 34983	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Fairchild, Susie E. P.O. Box 2033 Lady Lake, FL 32158	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700058485547 08/11/05--01050--007 **61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Fred W Fairchild</i> Fred W Fairchild 7/17/05 352-636-0082					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

FILED

05 JUL 22 PM 2: 54

TALLAHASSEE, FLORIDA



06302005 Chg-P CR2E034 (10/03)