

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000042860

Entity Name: GUFFEY ELECTRIC, INC.

FILED  
Apr 28, 2006  
Secretary of State

## Current Principal Place of Business:

214 EAST OSCEOLA STREET  
WEWAHITCHKA, FL 32465

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 572  
WEWAHITCHKA, FL 32465

## New Mailing Address:

FEI Number: 03-0402845

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GUFFEY, ARLAN M  
3765 HIGHWAY 71 SOUTH  
WEWAHITCHKA, FL 32465 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GUFFEY, JAMES A  
Address: 214 E OSCEOLA ST  
City-St-Zip: WEWAHITCHKA, FL 32465

Title: V ( ) Delete  
Name: DRIGGERS, CLYDE S  
Address: 7035 GANLEY RD  
City-St-Zip: WEWAHITCHKA, FL 32465

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES A. GUFFEY

P

04/28/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date