2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 03, 2006 8:00 am Secretary of State

1. Entity Nam	MENT # P0200009(ELECTRIC COMPANY, INC		04	I-03-2006 90:	3/2 024 *****	130.00	
Principal Place of Business 51 LEMICH CIRCLE 6728 Mobile PENSACOLA, FL 32506 32526		Mailing Address 51-LEHIGH-GRELE 6728 Mobiled PENSACOLA FL. 32600 32526					
Principal Place of Business							
6728 Mobile Highway SAME Suite, Apt. #, etc. Suite, Apt. #, etc.		SAME Sùite, Apt. #, etc.		┥			
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City & State Pens	acola, FL	City & State		4. FEI Number 55-0791659	ı	————	oplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of State		\$8.75 Add	itional
32526-	-8030 6. Name and Address of Current	Registered Agent		7. Name and Addre		Fee Require	d
			- Name	-	and it is a second		
JOINER, J. STEVEN 51 LEHIGH CIRCLE PENSACOLA, FL 32506				ss (P.O. Bax Number is No Mobile Highs			
ļ			City				
<u> </u>			Pensa	acola		FL Zp Cod	26
	named entity submits this statement li ions of registered agent.	or the purpose of changing its re	gistered office or regi	stered agent, or both, in th	a State of Florida.	I am familiar with,	and accept
SIGNATURE_							
Signature, typad or printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating) DATE							
	E NOWIN FEE IS \$150.00 by 1, 2006 Fee will be \$550.	9. Election Campaign Trust Fund Contrib		\$5.00 May Be Added to Fees			
10.	OFFICERS AND		11.	ADDITIONS/CHANC	SES TO OFFICERS	AND DIRECTOR	S IN 11
TITLE	D JOINER, J. STEVEN	☐ Delete	TITLE			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP		728 Mobile Hwy 32526-8030					
TITLE		☐ Delete	IUTE	•		Change	Addition
STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZZP			CITY-ST-ZIP				
TITLE		☐ Delete	mle			☐ Change	☐ Addition
NAME STREET ADDRESS	er Security		NAME Street address				
CITY-ST-ZIP			CITY-ST-ZIP				
tate		Ociete	TITLE			☐ Change	Addition
STREET ADDRESS			STREET ADDRESS				
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מותב		☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
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TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
indicated	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp or on an attachment with an actings.	s true and accurate and that my	signature shall have the	ne same legal effect as if m	nade under oath: th	nat I am an officer	or director