2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P02000107071

GREG LAUDICINA ELECTRICAL CONTRACTING, INC.



FILED Jan 23, 2006 08:00 AN Secretary of State

Principal Place of Business 10152 W INDAINTOWN ROAD #217 JUPITER, FL 33478

Mailing Address

10152 W INDAINTOWN ROAD #217

JUPITER, FL 33478



OO NOT WRITE IN THIS SPACE	01042006 No Chg-P CH2E034 (11/05)			
	4. FEI Number		Applied For	
	52-2380337		Not Applicat	
	5. Certificate of Status Desired	1 1 -	3.75 Additional e Required	

6. Name and Address of Current Registered Agent

LAUDICINA, GREGORY 10152 W INDAINTOWN ROAD #217 JUPITER, FL 33478

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pricions of registered agent.	urpose of changing its registere	d öffice or	registéred agent, or bö	ith, in the State of Florida. (am familia	ir with, and accept
SIGNATURE.	Signature, typod or printed name of registered agent and title if	applicable (NOTE Rogistered	Agent signatur	e recipited when reinstaling)	··· DATE	1.6.
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing _	\$5.00 May Be Added to Fees	-	•
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAUDICINA, GREGORY 10152 W INDAINTOWN ROAD #217 JUPITER, FL 33478				(hinnat ns.) ves	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				•	//////////////////////////////////////	150.00
IITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
ITLE HAME STREET AODRESS CITY-ST-ZIP						

12. I hereby certify that the information supplied with this filling 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 withfull other like empowered.

SIGNATURE:	
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RINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-06

Daytime Phone #