

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90079 012 ***150.00

DOCUMENT # P03000017430

1. Entity Name

HIGH ENERGY ELECTRIC, INC.



Principal Place of Business

8055 SAW PALMETTO LANE
BOYNTON BEACH FL 33436

Mailing Address

8055 SAW PALMETTO LANE
BOYNTON BEACH FL 33436



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-2332605

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

AMONTE, MICHAEL
8055 SAW PALMETTO LANE
BOYNTON BEACH FL 33436

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME AMONTE, MICHAEL
STREET ADDRESS 8055 SAW PALMETTO LANE
CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE DST ☐ Delete
NAME AMONTE, NANCY
STREET ADDRESS 8055 SAW PALMETTO LANE
CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE DVP ☒ Delete
NAME WAITE, JEFF
STREET ADDRESS 630 TALL PINES ROAD
CITY-ST-ZIP HAVERHILL FL 33415

TITLE VPM ☒ Delete
NAME HAUCK, ARTHUR
STREET ADDRESS 8067 SAW PALMETTO LANE
CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Nancy Amonte NANCY AMONTE DST 4/28/06 561-737-6452

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #