


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90026 018 ***150.00

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|--|---|---|--|---|--|
| DOCUMENT # P03000071154 1. Entity Name HECTOR DELGADO ELECTRIC, INC. | | | |  | |
| Principal Place of Business 4947 E. BROADWAY TAMPA, FL 33605 | | | Mailing Address P.O. BOX 1288 LUTZ, FL 33549 | | |
| 2. Principal Place of Business 4820 North Clark Ave. Suite A | | 3. Mailing Address P.O. Box 1288 Suite, Apt. #, etc. | | | |
| City & State Tampa, FL | | City & State Lutz, FL | | 4. FEI Number 20-0448733 | |
| Zip 33614 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DELGADO, HECTOR III 16404 CYPRESS WATERWAY APT. 1115 TAMPA, FL 33624 | | | 7. Name and Address of New Registered Agent Name: Delgado, Hector III Street Address (P.O. Box Number is Not Acceptable): 3319 Broken Bow Drive City: Land O Lakes FL Zip Code: 34639 | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DELGADO, HECTOR III 3319 BROKEN BOW DRIVE LAND O LAKES, FL 34639 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Delgado, Hector III 3319 Broken Bow Drive Land O Lakes, FL 34639 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 12. I hereby certify that the information supplied with this filing 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, with all other like empowered. | | | | | |
| SIGNATURE: <i>Hector Delgado III</i> | | | 3/9/06 813-242-8999 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |