

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000080225

Entity Name: COY THOMAS ELECTRIC, INC.

FILED
Apr 17, 2006
Secretary of State

Current Principal Place of Business:

7515 FROG LOG LANE
LEESBURG, FL 34748 US

New Principal Place of Business:

Current Mailing Address:

7515 FROG LOG LANE
LEESBURG, FL 34748 US

New Mailing Address:

FEI Number: 20-0209032

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, CHARLES D
907 WEBSTER STREET
LEESBURG, FL 34748 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: PSTD () Delete
Name: THOMAS, COY
Address: 7515 FROG LOG LANE
City-St-Zip: LEESBURG, FL 34748 US

Title: VP () Delete
Name: FOLKER, DON
Address: 30310 REDTREE
City-St-Zip: LEESBURG, FL 34748 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: FOLKER, DON
Address: 6843 SILVER CHARM COURT
City-St-Zip: LEESBURG, FL 34748 US

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: COY THOMAS

P

04/17/2006

Electronic Signature of Signing Officer or Director

Date