

PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # P03000115017

1. Entity Name

TOWN & COUNTRY ELECTRIC OF VOLUSIA, INC.



FILED
Jan 22, 2007 08:00 AM
Secretary of State

Principal Place of Business
 1250 BUCKLES RD
 BARBERVILLE FL 32105

Mailing Address
 BOX 208
 BARBERVILLE FL 32105



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 54-2130589

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AGNER, GEORGE
 1250 BUCKLES RD
 BARBERVILLE FL 32105

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
 PS
 AGNER, GEORGE
 1250 BUCKLES RD
 BARBERVILLE FL 32105 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
 000000597427
 01/24/07-80036-011 150.00 ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP ☐ Delete

TITLE
 NAME
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 CITY - ST - ZIP ☐ Change ☐ Addition

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 CITY - ST - ZIP ☐ Delete

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

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 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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

George Agner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/M

1-19-07 38