

2006 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000115599

1. Entity Name

PAUL KIEFER ELECTRIC, INC.



Principal Place of Business

3019 39TH ST, E
BRADENTON FL 34208

Mailing Address

3019 39TH ST, E
BRADENTON FL 34208



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

13-4267320

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KIEFER, PAUL
3019 39TH ST, E
BRADENTON FL 34208

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 renewing)

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: DPST ☐ Delete
NAME: KIEFER, PAUL
STREET ADDRESS: 3019 39TH ST, E
CITY-STATE-ZIP: BRADENTON FL 34208

TITLE: VP ☐ Delete
NAME: KIEFER, JASON M
STREET ADDRESS: 4035 HONOLULU DR
CITY-STATE-ZIP: SARASOTA FL 34241

TITLE: VP ☐ Delete
NAME: KIEFER, BRIAN J
STREET ADDRESS: 5609 19TH ST W #A
CITY-STATE-ZIP: BRADENTON FL 34207

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP: 000000435281
02/25/06-80036-005 150.00

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-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: Paul Kiefer PAUL KIEFER

2-12-06

941 747 838