

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90085 019 ***150.00

DOCUMENT # P03000125199

1. Entity Name

EARL'S ELECTRIC, INC.



Principal Place of Business

2925 BRIARCLIFF ROAD
PANAMA CITY FL 32405

Mailing Address

2925 BRIARCLIFF ROAD
PANAMA CITY FL 32405

2. Principal Place of Business

Earl's Electric, Inc.

3. Mailing Address

Earl McKinney

Suite, Apt. #, etc.

2925 Briarcliff Rd

Suite, Apt. #, etc.

2925 Briarcliff Rd

City & State

Panama City, Florida

City & State

Panama City, Florida

Zip

32405

Country

USA

Zip

32405

Country

USA

4. FEI Number

200360848

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCKINNEY, OKLEY E JR
2925 BRIARCLIFF ROAD
PANAMA CITY FL 32405

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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	P.S	<input type="checkbox"/> Delete
NAME	MCKINNEY, OKLEY E JR	
STREET ADDRESS	2925 BRIARCLIFF ROAD	
CITY-ST-ZIP	PANAMA CITY FL 32405	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Earl McKinney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-04

Date

258-7762

Daytime Phone #