2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2007 8:00 am
Secretary of State
02-27-2007 90008 017 ***158.75

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1. Entity Name
ALB ELECTRIC INCORPORATED

Principal Place of Business	Mailing Address
161 GOLDSBY RD UNIT D2 SANTA ROSA BCH, FL 32459	PO BOX 2125 SANTA ROSA BCH, FL 32459

02202007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
114 SUGAR DRIVE	
Suite, Apt. #, etc.: UNIT G2	Suite, Apt. #, etc.:
City & State: SANTA ROSA BEACH FL.	City & State:
Zip: 32459 Country: WALTON	Zip: Country:

4. FEI Number: 20-0399403 ☐ 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
BROWN, ARNOLD L 161 GOLDSBY RD UNIT D2 SANTA ROSA BCH, FL 32459	Name: BROWN ARNOLD L. Street Address (P.O. Box Number is Not Acceptable): 114 SUGAR DRIVE UNIT G2 City: SANTA ROSA BEACH FL Zip Code: 32459

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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	DPST BROWN, ARNOLD L 161 GOLDSBY RD UNIT D2 SANTA ROSA BCH, FL 32459	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BROWN ARNOLD L 114 SUGAR DRIVE UNIT G2 SANTA ROSA BEACH FL. 32459	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS 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 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: Arnold L Brown ARNOLD L BROWN 2/20/07 850-267-1345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #