

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000126777

1. Entity Name
ALB ELECTRIC INCORPORATED



FILED

09 APR -9 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02202007 Chg-P CR2E034 (12/08)

Principal Place of Business
161 GOLDSBY RD UNIT D2
SANTA ROSA BCH, FL 32459

Mailing Address
PO BOX 2125
SANTA ROSA BCH, FL 32459

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

3. Mailing Address

Suite, Apt. #, etc.
UNIT G2

Suite, Apt. #, etc.

City & State
SANTA ROSA BEACH FL.

City & State

4. FEI Number
20-0399403

Applied For
Not Applicable

Zip
32459

Country
WALTON

Zip

Country

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000149336670
04/09/09--01044--011 **150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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 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

4/1/09 850-267-1345

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

204/10