


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan-23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000127895</b>		
1. Entity Name WARFUEL ELECTRIC, INC.		
Principal Place of Business 2909 CIRCLE RIDGE DRIVE ORANGE PARK, FL 32065 US		Mailing Address 2909 CIRCLE RIDGE DRIVE ORANGE PARK, FL 32065 US
<b>DO NOT WRITE IN THIS SPACE</b>		
		01172006 No Chg-P CR2E034 (11/05)
		4. FEI Number 20-0360354
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
CONNER, STEVEN W 1106 PARK AVENUE ORANGE PARK, FL 32073		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	P	<b>DO NOT WRITE IN THIS SPACE</b>
NAME	WARFUEL, JAMES M	
STREET ADDRESS	2909 CIRCLE RIDGE DRIVE	
CITY-ST-ZIP	ORANGE PARK, FL 32065	
TITLE	VP	
NAME	WARFUEL, JAMES M	
STREET ADDRESS	2909 CIRCLE RIDGE DRIVE	
CITY-ST-ZIP	ORANGE PARK, FL 32065	
TITLE	SEC	
NAME	WARFUEL, SHARON M	
STREET ADDRESS	2909 CIRCLE RIDGE DRIVE	
CITY-ST-ZIP	ORANGE PARK, FL 32065	
TITLE	TREA	
NAME	WARFUEL, SHARON M	
STREET ADDRESS	2909 CIRCLE RIDGE DRIVE	
CITY-ST-ZIP	ORANGE PARK, FL 32065	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: <u>James M Warfuel</u> JAMES M WARFUEL 01/17/06 904/272-4036 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		