

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000132773</b>					
<b>1. Entity Name</b> AGE ELECTRIC INCORPORATED					
<b>Principal Place of Business</b> 9501 57TH STREET NORTH PINELLAS PARK FL 33782			<b>Mailing Address</b> 9501 57TH STREET NORTH PINELLAS PARK FL 33782		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-0393649	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  FALGOUST, GERALD 9501 57TH STREET NORTH PINELLAS PARK FL 33782			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<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.</b> SIGNATURE <span style="float: right;">3-8-06</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when relocating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Added to Fee</b> Trust Fund Contribution.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FALGOUST, GERALD 9501 57TH STREET NORTH PINELLAS PARK FL 33782		TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000468088 03/24/06-80016-004 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FALGOUST, CHRISTOPHER 10710 FAWN DRIVE NEW PORT RICHEY FL 34654		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FALGOUST, MICHAEL T 9501 57 STREET NO PINELLAS PARK FL 33782		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	

**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:** 3-7-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 727 546 9107