## **2006 FOR PROFIT CORPORATION**

ANNUAL REPORT				
DOCUMENT # P03000138792  1. Entity Name BOZEMAN ELECTRIC, INC.				FILED 06 JAN -3 AM 8:59
Principal Plac 934 RIDGE R MONTICELLO	OAD	Mailing Address 934 RIDGE ROAD MONTICELLO, FL 32344		SECRETARY OF STATE TALLAHASSEE. FLORIDA
DO NOT WRITE IN THIS SPACE			CE	01032006 No Chg-P CR2E034 (11/05)  4. FEI Number
BARNES & JAMES, P.A. 2629 BLAIR STONE ROAD TALLAHASSEE, FL 32301				DO NOT WRITE IN THIS SPACE
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, 2006 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.			ncing \$5	.00 May BS DDD 64057375 led to F444/18/0601018012 **158.75
10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF PRES BOZEMAN, LONNIE 934 RIDGE ROAD MONTICELLO, FL 32344		emptions containe	DO NOT WRITE IN THIS SPACE
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 eath; 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.				

47/- 2/16 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR