


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90003 017 ***150.00

DOCUMENT # P03000140692 1. Entity Name PURVIS ELECTRIC, INC.					
Principal Place of Business 6410 LONGOAK COURT LAKELAND, FL 33811			Mailing Address 6410 LONGOAK COURT LAKELAND, FL 33811		
2. Principal Place of Business 742 MARTINIQUE CIR.		3. Mailing Address 742 MARTINIQUE CIR.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State LAKELAND FL		City & State LAKELAND FL		4. FEI Number 56-2418877	
Zip 33803		Country POLK		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PURVIS, RUFUS 6410 LONGOAK COURT LAKELAND, FL 33811		7. Name and Address of New Registered Agent Name PURVIS RUFUS Street Address (P.O. Box Number is Not Acceptable) 742 MARTINIQUE CIRCLE City LAKELAND FL Zip Code 33803			
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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P PURVIS, RUFUS 6410 LONGOAK COURT LAKELAND, FL 33811	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PURVIS RUFUS 742 MARTINIQUE CIRCLE LAKELAND FL 33803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Rufus Purvis</i>		March 13, 2006			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			