

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000143195

FILED
Apr 30, 2006
Secretary of State

Entity Name: DAVID MCLEOD ELECTRIC INC.

Current Principal Place of Business:

P.O. BOX 541
UMATILLA, FL 32784

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 541
UMATILLA, FL 32784

New Mailing Address:

FEI Number: 56-2416841

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCLEOD, DAVID
335 OAK AVE
UMATILLA, FL 32784 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCLEOD, DAVID
Address: P.O. BOX 541
City-St-Zip: UMATILLA, FL 32784

Title: VP () Delete
Name: MCLEOD, DAWN
Address: P.O. BOX 541
City-St-Zip: UMATILLA, FL 32784

Title: T () Delete
Name: MCLEOD, DAVID JR
Address: P.O. BOX 541
City-St-Zip: UMATILLA, FL 32784

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID MCLEOD

P

04/30/2006

Electronic Signature of Signing Officer or Director

Date