2006 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT DOCUMENT # P03000144915

FILED
May 17, 2006 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

1457 HIGHWAY 309

1. Entity Name

GEORGETOWN, FL 32139 U

BABBITT ELECTRIC, INC.

P.O. BOX 5

GEORGETOWN, FL 32139

US



DO NOT WRITE IN THIS SPACE

05092006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0425985 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BABBITT, EDWARD E 1457 HIGHWAY 309 GEORGETOWN, FL 32139 DO NOT WRITE IN THIS SPACE

					ebakalikali nehi Phili Malebakali
	named entity submits this statement for the lons of registered agent.	purpose of changing its reg	istered office or req	jistered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE_					
	Signature, typed or printed name of registered agent and ti	le if applicable. (NOTE Rec	gistered Agent signature re	quired when reinstaling)	DATE
	LE NOW!!! FEE IS \$550.00 ue by September 6, 2006	9. Election Campaign F Trust Fund Contribut		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIR	ECTORS			
TITLE Name Street address City-St-Zip	P, S BABBITT, EDWARD E P.O. BOX 5 GEORGETOWN, FL 32139				
Title Name Street Address City-St-Zip	VP BABBITT, ALICE L P.O. BOX 5 GEORGETOWN, FL 32139				noveworkar-am iso:w
TITLE NAME STREET ADDRESS CITY+ST-ZIP	TRES BABBITT, ALICE L P.O. BOX 5 GEORGETOWN, FL 32139				NOT WRITE
TITLE NAME STREET ADDRESS					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 cath, 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.

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Edward & Be Will

5/2-06

386-467-2194

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