## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Aug 25, 2006 8:00 am Secretary of State DOCUMENT # P03000146558 1. Entity Name 08-25-2006 90001 025 \*\*\*550.00 CAREY RODGERS ELECTRIC, INC. Principal Place of Business Mailing Address 729 W. GAINES STREET P. O. BOX 7515 TALLAHASSEE FL 32314-7515 TALLAHASSEE FL 32304 2. Principal Place of Business 300 Hannon Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/06) 4. FEI Number Applied For 83-0378642 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent *waser* RODGERS, CAREY 729 W. GAINES STREET TALLAHASSEE FL 32304 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) FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 \$5.00 May Be 9. Election Campaign Financing DUE BY September 6, 2006 late fee. By checking this box, the corporation certifies it did Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Rodgers, Carey Farns TITLE Change ☐ Delete TITLE RODGERS, CAREY NAME NAME P. O. BOX 7515 STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32314-7515 CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BHE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - 7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP 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 of 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.

**FILED**