

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90093 015 ***150.00

DOCUMENT # P04000019639

1. Entity Name

ACTION ELECTRICAL CORP.



Principal Place of Business

815 CHASTAIN RD
SEFFNER AL 36584

Mailing Address

P.O. BXO 1144
MANGO FL 33550

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

42-1616605

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

O'NEAL, WILLIAM EARL JR
815 CHASTAIN RD
SEFFNER FL 33584

7. Name and Address of New Registered Agent

Name

William E. O'Neal Jr.

Street Address (P.O. Box Number is Not Acceptable)

815 Chastain rd.

Seffner Fla. 33584

City

FL

Zip Code

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

William E. O'Neal Jr.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-26-06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT ☐ Delete
NAME O'NEAL, WILLIAM
STREET ADDRESS 815 CHASTAIN RD
CITY-ST-ZIP SEFFNER FL 33584

TITLE VPTS ☐ Delete
NAME O'NEAL, ZSAZSA
STREET ADDRESS 815 CHASTAIN RD
CITY-ST-ZIP SEFFNER FL 33584

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

William E. O'Neal Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-06

Date

813-294-1691

Daytime Phone #