2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMEN'T # P04000020576 Jan 22, 2007 08:00 AM **Secretary of State** 1. Enlity Name ARN'T & ARN'T ELECTRIC INC. Principal Place of Business Mailing Address 3139 MUNSON STREET NEW PORT RICHEY FL 34655 3139 MUNSON STREET NEW PORT RICHEY FL 34655 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State Cily & State 4. FEI Number Applied For 59-3781832 Not Applicable Zip Country Zıp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MACKEY, STEVE K Street Address (P.O. Box Number is Not Acceptable) 3139 MUNSON STREET **NEW PORT RICHEY FL 34655** City 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 Signature, typod or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. DIR 11111 Delete THE Change ☐ Addition U00000598259 MACKEY, STEVE K NAML NAME 01/24/07-80067-015 158.75 3139 MUNSON STREET STREET ADDRESS STREET ADDRESS NEW PORT RICHEY FL 34655 CHY-SI-ZIP CITY-ST-7IP THEE Delete □ Change ☐ Addition NAME NAME STRIFT ADDRESS STREET ADDRESS CITY-ST-71P CHY-ST-ZIP Defete THLE HILL Change Addition NAME NAME. STREET ADDRESS STREET ADDRESS CHY ST-ZIE CITY-ST-ZIP HHI Delete ☐ Change ☐ AddItion NAMI NAMÉ. STREET LADDRESS STREET ADDRESS CHY SL-ZIP CITY-ST: 7(P Delete Addition 10111 Change IMAM NAME STREET ADDRESS STREET ADDRESS CITY-S1-7(P CHY-SI-ZIP ши Delete TIFFE Change ■ Addition NAMI NAME STREET ADDRESS STREET ADDRESS CHY-SI-7IP 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 logal effect as if made under each; that I am an officer or director of the corporation or the receiver or trusted ampowered 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 SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR. Date Date of the corporation of the receiver of trusted and decurate 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. TO 7-534-6089 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR. Date of the corporation of the receiver of trusted 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.