

# AMENDED 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

04-27-2006 90152 042 \*\*\*150.00  
P04000026067

FILED

06 MAY -4 AM 10: 28

SECRETARY OF STATE



1st MOORE CR2E034 (10/05)

<b>DOCUMENT # P04000026067</b> 1. Entity Name <b>GAGLIARDI ELECTRIC, INC.</b>					
Principal Place of Business <b>12190 LIVE OAK DRIVE FORT MYERS FL 33908</b>				Mailing Address <b>12190 LIVE OAK DRIVE FORT MYERS FL 33908</b>	
2. Principal Place of Business <b>11431 ZEHNER LN.</b> Suite, Apt. #, etc. <b>RT 20A</b>		3. Mailing Address <b>11431 ZEHNER LN.</b> Suite, Apt. #, etc.			
City & State <b>FT Myers FLA</b>		City & State <b>FT Myers FLA</b>		4. FEI Number <b>75-3146938</b>	
Zip <b>33908</b>		Country <b>LEE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33908</b>		Country <b>FLA</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>GAGLIARDI, CHARLES E 12190 LIVE OAK DRIVE FORT MYERS FL 33908</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <u><i>Charles Gagliardi</i></u> <span style="float: right;">4/17/06</span> <small>Signature, typed or printed name of registered agent and date is applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAGLIARDI, CHARLES E <input checked="" type="checkbox"/> Delete 12190 LIVE OAK DRIVE FORT MYERS FL 33908		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAGLIARDI, CHARLES E <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11431 ZEHNER LANE FT MYERS FLA 33908	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Charles Gagliardi</i></u> <span style="float: right;">4/17/06</span> <span style="float: right;">(239) 950-3165</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					