


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2006 08:00 A
Secretary of State

DOCUMENT #P04000026128	
1. Entity Name MCQUEEN ELECTRIC, INC.	

Principal Place of Business 2933 RIVERSIDE DRIVE SARASOTA, FL 34234 US	Mailing Address 2933 RIVERSIDE DRIVE SARASOTA, FL 34234 US
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DO NOT WRITE IN THIS SPACE



07252006 No Chg-P CR2E034 (11/05)

4. FEI Number 84-1637773	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SHOENBERGER, RON
15765 RAWLS ROAD
SARASOTA, FL 34240

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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) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MCQUEEN, JOHN 2933 RIVERSIDE DRIVE SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR MCQUEEN, BETTY 2933 RIVERSIDE DRIVE SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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08/28/06-80003-004 550.00

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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 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:  John McQueen, President 8/25/06 941355-4029

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #