


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000133242 *</b>	
<b>1. Entity Name</b> ACE ELECTRIC INC. OF NORTH FLORIDA	

<b>Principal Place of Business</b> 8955 48TH. ST. LIVE OAK, FL 32060	<b>Mailing Address</b> 8955 48TH. ST. LIVE OAK, FL 32060
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04212006 No Chg-P CR2E034 (11/05)

<b>4. FEI Number</b> 06-1732867	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  SAPP, RICHARD H 8955 48TH. ST. LIVE OAK, FL 32060
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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.

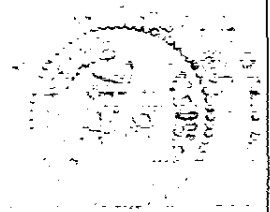
**SIGNATURE:** *Richard H. Sapp* *Richard H. Sapp Pres.* *4-21-06*  
Signature, typed or printed name of registered agent and/or applicable. (NOTE: Registered Agent signature required when registering) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

U00000540877  
05/10/06-80036-004 150.00

10. OFFICERS AND DIRECTORS	
<b>TITLE</b>	P
<b>NAME</b>	SAPP, RICHARD H
<b>STREET ADDRESS</b>	8955 48TH. ST.
<b>CITY-ST-ZIP</b>	LIVE OAK, FL 32060
<b>TITLE</b>	SEC
<b>NAME</b>	SAPP, ASHLEY N
<b>STREET ADDRESS</b>	8955 48TH. ST.
<b>CITY-ST-ZIP</b>	LIVE OAK, FL 32060
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	



**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:** *Richard H. Sapp* *Richard H. Sapp Pres.* *4-21-06* *386-362-46*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #