


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90005 029 ***150.00

DOCUMENT # P04000157562 1. Entity Name MMJ ELECTRIC, INC.					
Principal Place of Business 1622 SW McALLISTER LN PORT SAINT LUCIE, FL 34953			Mailing Address 1622 SW McALLISTER LN PORT SAINT LUCIE, FL 34953		
2. Principal Place of Business 1622 SW McAllister Ln		3. Mailing Address SAME			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Port St Lucie FL		City & State 		4. FEI Number 20-1902316	
Zip 34953		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent GREGOIRE, MARTIN 1622 SW McALLISTER LN PORT SAINT LUCIE, FL 34953			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;"> FL Zip Code </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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST GREGOIRE, MARTIN 2858 N DIXIE HWY BOCA RATON, FL 33431	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/U Gregoire, Martin 1622 SW McAllister Ln Port St Lucie FL 34953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SIT Juana T. Gregoire 1622 SW McAllister Ln Port St Lucie FL 34953	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> SIGNATURE: <i>Martin Gregoire</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 45%; text-align: right;"> 1/14/06 <small>Date</small> </div> <div style="width: 45%; text-align: right;"> 561-302-9126 <small>Daytime Phone #</small> </div> </div>					