



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90083 014 ***158.75

DOCUMENT # P04000172010 1. Entity Name FLEMING ISLAND ELECTRIC INC.					
Principal Place of Business P.O. BOX 8310 FLEMING ISLAND, FL 32006			Mailing Address P.O. BOX 8310 FLEMING ISLAND, FL 32006		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		

40053313



02222006		Chg-P	CR2E034 (11/05)
4. FEI Number 830414426		Applied For Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
VISCARDI, GEORGE F. 1714 DALBY COURT MIDDLEBURG, FL 32068		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 _____ (NOTE: Registered Agent signature required when reinstating) 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**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P VISCARDI, GEORGE F. P.O. BOX 8310 FLEMING ISLAND, FL 32006	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	VP HERNANDEZ, SANTIAGO	<input type="checkbox"/> Delete		TITLE	ADD P TO V "VP"	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	T VISCARDI, ETHEL S	<input type="checkbox"/> Delete		TITLE			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	S PARKER, DEBORAH J	<input type="checkbox"/> Delete		TITLE	Viscardi, Deborah J.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	VP DUBRAY, EVERETT EDWARD III	<input type="checkbox"/> Delete		TITLE			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE				TITLE			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: X George Viscardi - George Viscardi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-06
Date
294-2334
Daytime Phone #