## 2006 FOR PROFIT CORPORATION

SIGNATURE:

#### Apr 07, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P05000065522** 04-07-2006 90035 043 \*\*\*150.00 TRI-AREA ELECTRICAL CONSTRUCTION, INC. Principal Place of Business Mailing Address 1914 SE 4TH STREET 1914 SE 4TH STREET 50009858 CAPE CORAL, FL 33990 CAPE CORAL, FL 33990 2. Principal Place of Business 3. Mailing Address Suite Ant # etc Suite, Apt. #, etc. 03082006 Chg-P CR2E034 (11/05) City & State City & State Applied For 4. FEI Number 42-1670077 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LISZEWSKI, LEONARD L Street Address (P.O. Box Number is Not Acceptable) 2110 CLEVELAND AVE FT. MYERS, FL 33901 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOWIN FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PDST TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME LEONE, DANIEL S NAME STREET ADDRESS 1914 SE 4TH STREET STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33990 CITY-ST-ZIP TILE VD. ☐ Defete TITLE ☐ Change Addition LEONE, WILLIAM T NAME NAME 1834 PLEASANT VALLEY RD STREET ADDRESS STREET ADDRESS GIRARD, OH 44420 CITY-ST-7IP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-7P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CETY-ST-ZIP CITY-ST-ZIP TILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the supplementary with an address, with all other like empowered.

G OFFICER OR DIRECTOR

**FILED** 

Devilme Phone 6

# Invoice

#P05000065522

INVOICE NO.

INVOICE DATE

### **Daniel Novello**

1850 Mississippi Ave. N.E. St. Petersburg, FL 33703

Phone:

727-525-9110

Fax:

727-525-9110

E-mail:

DanNovello@AOL.COM

**CLIENT:** 

Dan Leone 1914 SE 4th St.

Cape Coral, FL 33990

HOURS

DATE Various

DESCRIPTION

Corporation Federal Extension Corporation Tangible Extension Corporate Annual Report PICKED UP/MAILED TO:

Dan Leone 1914 SE 4th St.

Cape Coral, FL 33990

HOURLY RATE

**AMOUNT** 

24

03/31/06

\$10.00 \$10.00

\$25.00

**SUBTOTAL** 

\$45.00

**TOTAL** 

\$45.00

#### **MAKE ALL CHECKS PAYABLE TO:**

Dan Novello 1850 Mississippi Ave. N.E. St. Petersburg, FL 33703

Report is due by May 1, 2006.

Amount due is \$150.

Make check payable to Florida Department of State.

Sign report in block 12. See red "sign here" stamp.

Mail in attached evelope.

Use certified mail.