2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State
04-03-2006 90410 037 ***155.57

DOCUMENT # P05000140049

1. Entity Name
AUXILIARY POWER SYSTEMS OF WEST FLORIDA, INC.

50008564

Principal Place of Business	Mailing Address
898 FALL BRANCH RD REMLAP, AL 35133	898 FALL BRANCH RD REMLAP, AL 35133

01272006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
944 Fall Branch Rd	944 Fall Branch Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Remlap AL	City & State: Remlap AL
Zip: 35133 Country: Jefferson	Zip: 35133 Country: Jefferson

4. FEI Number 20-3625374 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.
417 E VIRGINIA STREET SUITE 1
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (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 NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, DONALD E 898 FALL BRANCH RD REMLAP, AL 35133	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, PRINCESS G 898 FALL BRANCH RD REMLAP, AL 35133	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: Donald E Smith 3-6-06 2056801410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #