
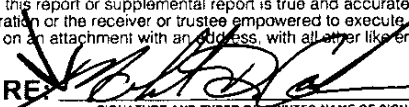


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90061 008 ***150.00

DOCUMENT # P06000145124 1. Entity Name FLORIDA ELECTRIC MOTOR SALES, INC.			
Principal Place of Business 5400 TORONTO ROAD WEST PALM BEACH, FL 33415		Mailing Address 5400 TORONTO ROAD WEST PALM BEACH, FL 33415	
2. Principal Place of Business - No P.O. Box # 1727 Donna Rd		3. Mailing Address 1727 Donna Rd	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State WPB, FL		City & State WPB, FL	
Zip 33409		Zip 33409	
Country Palm Bch		Country Palm Bch	
6. Name and Address of Current Registered Agent COULSON, MICHAEL D 4732 SUBURBAN PINES DRIVE LAKE WORTH, FL 33463		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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%;"> Michael D. Coulson President <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%;"> 4-4-08 <small>DATE</small> </div> </div>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	DPS COULSON, MICHAEL D 4732 SUBURBAN PINES DRIVE LAKE WORTH, FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT BOX, KIPLYN A 5400 TORONTO ROAD WEST PALM BEACH, FL 33415 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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.			
SIGNATURE  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Michael D. Coulson President <small>Date</small> 4-4-08 <small>Daytime Phone #</small> 561-416-1340	