FOR PROFIT CORPORATION ANNUAL REPORT

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CR2E034B (1/11)

DOCUMENT # P08000050206

1. Entity Name: Amann Electric, Inc.

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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2237 Saragossa Ave.	2237 Saragossa Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DeLand, FL	City & State: DeLand, FL
Zip: 32724 Country: Volusia	Zip: 32724 Country: Volusia

4. FEI Number: 42-1764262 — Applied For / Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Michael J. Amann

Street Address (P.O. Box Number is Not Acceptable): 2237 Saragossa Avenue

City: DeLand FL Zip Code: 32724

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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] MICHAEL J. AMANN 6/24/11

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

E-mail Address: mja6479@gmail.com
E-mail address to be used for future annual report notices

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	MICHAEL J. AMANN
STREET ADDRESS	2237 SARAGOSSA AVENUE
CITY-ST-ZIP	DELAND, FL 32724
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE: [signature] MICHAEL J. AMANN 6/24/11 321-377-7383

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

Revocation of Voluntary Dissolution filed 6/20/11