

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90037 001 ***158.75

DOCUMENT # P93000058204

1. Entity Name
EASY ON ELECTRIC, INC.



Principal Place of Business
8022 WEST 18TH LANE
HOUSE
HIALEAH, FL 33014

Mailing Address
8022 WEST 18TH LANE
HOUSE
HIALEAH, FL 33014

40017650



2. Principal Place of Business - Add P.O. Box #
315 VIA HERMOSA

3. Mailing Address
315 VIA HERMOSA

State, Apt. #, etc.

State, Apt. #, etc.

01262007

Chg-P

CR2E034 (12/06)

City & State
WEST PALM BEACH, FL.

City & State
WEST PALM BEACH, FL.

4. FID Number
65-0432464

Applied For
Not Applicable

Zip
33415

Country
PALM BEACH

Zip
33415

Country
PALM BEACH

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAPLE, BERNARDO A
8022 WEST 18TH LANE
HIALEAH, FL 33014

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 of Registered Agent

Signature of Officer or Director

Date

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election to Waive Filing
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	☐ Delete
NAME	CHAPLE, BERNARDO A	
STREET ADDRESS	8022 WEST 18TH LANE	
CITY & ZIP	HIALEAH, FL 33014	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY & ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY & ZIP		
TITLE		☐ Delete
NAME		
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CITY & ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY & ZIP		

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY & ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY & ZIP	
TITLE	☐ Change ☐ Addition
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TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY & ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY & ZIP	

12. I hereby certify that the information submitted with this report does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemented thereto is true and accurate and that the 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 liquidator thereof; and that I am qualified to execute this report as required by Chapter 207, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or in an attachment with an affidavit with all other information required.

SIGNATURE: ✓

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DOCUMENT #