

FILED  
Apr 28, 2006 8:00 am  
Secretary of State


04-28-2006 90191 009 \*\*\*150.00

FOR PROFIT CORPORATION  
ANNUAL REPORT

50017218



03212005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P95000076912</b>					
1. Entity Name <b>LONNIES ELECTRIC MOTORS &amp; SEMI-HERMETICS, INC.</b>					
Principal Place of Business <b>2485 EAST JOHNSON AVENUE PENSACOLA, FL 32514</b>			Mailing Address <b>2485 EAST JOHNSON AVENUE PENSACOLA, FL 32514</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number <b>59-3350625</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MOORE, DORIS 2485 EAST JOHNSON AVENUE PENSACOLA, FL 32514</b>			Name <b>Lonnie D. Moore</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>2485 E. JOHNSON AVE</b>		
			City <b>PENSACOLA</b>		
			State <b>FL</b>		
Zip Code <b>32514</b>					
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 obligation of registered agent					
SIGNATURE <b>Lonnie D. Moore</b> <small>Signature of officer or director of registered agent and filer if applicable. (NOTE: Registered Agent signature required when installing.)</small>					
DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>D Lonnie D. Moore</b>	
STREET ADDRESS			STREET ADDRESS	<b>2485 E. JOHNSON AVE</b>	
CITY- ST- ZIP			CITY- ST- ZIP	<b>PENSACOLA, FL 32514</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: <b>Lonnie D. Moore</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <b>4-26-06</b> District Phone <b>850-479-1515</b>					