


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000061259

1. Entity Name
ED CHUPP ELECTRIC, INC.



Principal Place of Business Mailing Address

7619 NO LEEWYNN DRIVE **7619 NO LEEWYNN DRIVE**
SARASOTA, FL 34240 **SARASOTA, FL 34240**

DO NOT WRITE IN THIS SPACE



03292006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0682495 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHUPP, ED
7619 N. LEEWYNN DRIVE
SARASOTA, FL 34240

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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 _____ (NOTE: Registered Agent signature required when reconstating) _____ 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

TITLE	D
NAME	CHUPP, ED
STREET ADDRESS	7619 NO LEEWYNN DRIVE
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	T
NAME	CHUPP, JANICE
STREET ADDRESS	7619 N. LEEWYNN DRIVE
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ed Chupp 4-1-06 941-378-5182

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