

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000080799

Entity Name: SCOTT FULLER ELECTRIC CO., INC.

FILED
Apr 24, 2006
Secretary of State

Current Principal Place of Business:

2132 NE 25TH STREET
WILTON MANORS, FL 33305

New Principal Place of Business:

Current Mailing Address:

2132 NE 25TH STREET
WILTON MANORS, FL 33305

New Mailing Address:

FEI Number: 65-0863122

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FULLER, SCOTT R
2132 NE 25TH STREET
WILTON MANORS, FL 33305 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FULLER, SCOTT R
Address: 2132 NE 25TH ST.
City-St-Zip: WILTON MANORS, FL 33305

Title: VP () Delete
Name: FULLER, ROBERT A
Address: 2132 NE 25TH ST.
City-St-Zip: WILTON MANORS, FL 33305

Title: VP () Delete
Name: BRUNTTI-FULLER, CAROLYN C
Address: 2132 NE 25TH STREET
City-St-Zip: WILTON MANORS, FL 33305

Title: ST () Delete
Name: BRUNETTI, BENNETT E
Address: 1824 SE 21ST AVE.
City-St-Zip: FT. LAUDERDALE, FL 33316

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT R. FULLER

P

04/24/2006

Electronic Signature of Signing Officer or Director

_____ Date