

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 09, 2007 08:00 AM
Secretary of State**

DOCUMENT # P98000105920

1. Entity Name
A.L. COVELL ELECTRIC, INC.



Principal Place of Business
600 S. MAIN ST
BROOKSVILLE, FL 34601

Mailing Address
600 S. MAIN ST
BROOKSVILLE, FL 34601



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3549860	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

COVELL, ANNA LIISA
600 S. MAIN ST
BROOKSVILLE, FL 34601

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

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

U00000580290
01/10/07-80033-024 158.75

10. OFFICERS AND DIRECTORS

TITLE	VS
NAME	COVELL, ANNA L
STREET ADDRESS	15152 EDGEWATER AVE.
CITY-ST-ZIP	NOBLETON, FL 34661

TITLE	P
NAME	COVELL, JAMES A
STREET ADDRESS	15152 EDGEWATER AVE.
CITY-ST-ZIP	NOBLETON, FL 34661

TITLE	D
NAME	COVELL, BRYON A
STREET ADDRESS	29108 EDGEWATER AVE
CITY-ST-ZIP	NOBLETON, FL 34661

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Anna Liisa Covell Anna Liisa Covell 01-03-07 352-544-0680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #