

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000045536		
1. Entity Name ELECTRO-GLO, INC.		
Principal Place of Business 2085 RANGE ROAD UNIT 1 CLEARWATER, FL 33765	Mailing Address 1465 PREMIER VILLAGE WAY CLEARWATER, FL 33764	
DO NOT WRITE IN THIS SPACE		



04182006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2898921	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COOK, ALBERT R 1465 PREMIER VILLAGE WAY CLEARWATER, FL 33764
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**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 reappointing)

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 NAME STREET ADDRESS CITY-ST-ZIP	P COOK, ALBERT R 1465 PREMIER VILLAGE WAY CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COOK, DANA R 1337 HAMUN DR CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COOK, MARILYN A 1465 PREMIER VILLAGE WAY CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/03/06-80054-010 150.00

**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 110, 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 its 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; changed, or on an attachment with an address, with all other the empowered.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-06 (727) 791-3001

Date

Daytime Phone