

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90118 018 \*\*\*150.00

**DOCUMENT # P99000055019**

1. Entity Name

TRI-CITY ELECTRIC OF N. FLORIDA, INC.



Principal Place of Business

1100 OLD HAW CREEK  
BUNNELL FL 32110

Mailing Address

1100 OLD HAW CREEK  
BUNNELL FL 32110



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number **59-3583719**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

KNIGHT, JERRY C  
2825 NORTH OCEANSHORE BOULEVARD  
BEVERLY BEACH FL 32136

7. Name and Address of New Registered Agent

Name **Stockhausen + Le Fils, P.L.**  
Street Address (P.O. Box Number is Not Acceptable)  
**450 Andalusia Avenue**  
**Deermond Beach**  
City **FL** Zip Code **32174**

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 **Stockhausen + Le Fils, P.L.**

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00.**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **SHEFFIELD, DANIEL R**  
STREET ADDRESS **1100 OLD HAW CREEK ROAD**  
CITY-ST-ZIP **BUNNELL FL 32110**

TITLE **VP** ☐ Delete  
NAME **SHEFFIELD, ROBERTA L**  
STREET ADDRESS **1100 OLD HAW CREEK ROAD**  
CITY-ST-ZIP **BUNNELL FL 32110**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **Robert L Sheffield** **Robert L Sheffield** **4/14/06** **386**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #