

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S22562

FILED
Apr 24, 2006
Secretary of State

Entity Name: TAVARES ELECTRIC MOTOR REPAIR, INC.

Current Principal Place of Business:

P.O. BOX 685
TAVARES, FL 32778

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 685
TAVARES, FL 32778

New Mailing Address:

FEI Number: 59-3054745

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAUTHEN, DAVID E.
131 WEST MAIN STREET
TAVARES, FL 32778 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: DPV () Delete
Name: SMITH, ROBERT H.,
Address: N/A
City-St-Zip: TAVARES, FL

Title: D () Delete
Name: SMITH, TEDA M
Address: P O BOX 685 N/A
City-St-Zip: TAVARES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPV (X) Change () Addition
Name: SMITH, ROBERT H P
Address: N/A
City-St-Zip: TAVARES, FL 32778

Title: D (X) Change () Addition
Name: SMITH, TEDA M
Address: P O BOX 685 N/A
City-St-Zip: TAVARES, FL 32778

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: ROBERT SMITH

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04/24/2006

Electronic Signature of Signing Officer or Director

Date