2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # S64012

1. Entity Name
WILLIAM STEPHEN LAPERE ELECTRICAL SERVICES, INC.

Principal Place of Business	Mailing Address
2750 NE 23RD PL POMPANO BCH, FL 33062	2750 NE 23RD PL POMPANO BCH, FL 33062

01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0267731
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LAPERE, PAMELA S.
2750 NE 23RD PL
POMPANO BCH, FL 33062

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

100000387914
01/13/06-80053-024 150.00

10. OFFICERS AND DIRECTORS	
TITLE	DST
NAME	LAPERE, PAMELA S.
STREET ADDRESS	2750 NE 23RD PL
CITY-ST-ZIP	POMPANO BCH, FL 33062
TITLE	DP
NAME	LAPERE, WILLIAM S
STREET ADDRESS	2750 NE 23RD PL
CITY-ST-ZIP	POMPANO BCH, FL 33062
TITLE	VP
NAME	LAPERE, WILLIAM D
STREET ADDRESS	2750 NE 23RD PL
CITY-ST-ZIP	POMPANO BEACH, FL 33062
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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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: _____ 1-13-06 9547830266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #