

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2006 8:00 am
Secretary of State

05-24-2006 90008 022 ***150.00

20046389



05222006 Chg-P CR2E034 (11/05)

DOCUMENT # V02149 1. Entity Name BAROCO ELECTRIC CONSTRUCTION COMPANY																																																																																																																							
Principal Place of Business 3605 NORTH DAVIS STREET PENSACOLA, FL 32503 US			Mailing Address POST OFFICE BOX 17269 PENSACOLA, FL 32522-7269																																																																																																																				
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																				
City & State			City & State																																																																																																																				
Zip		Country		4. FEI Number 59-3097314																																																																																																																			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																																																																																																																			
6. Name and Address of Current Registered Agent GILL, J.W. 3605 N. DAVIS PENSACOLA, FL 32503																																																																																																																							
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																																							
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																							
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 25%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 25%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="5"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="5"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="5"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="5"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="5"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="5"></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS						CITY - ST - ZIP						TITLE	NAME	<input checked="" type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS						CITY - ST - ZIP						TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS						CITY - ST - ZIP						TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS						CITY - ST - ZIP						TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS						CITY - ST - ZIP						TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS						CITY - ST - ZIP					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																																																				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																		
STREET ADDRESS																																																																																																																							
CITY - ST - ZIP																																																																																																																							
TITLE	NAME	<input checked="" type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																		
STREET ADDRESS																																																																																																																							
CITY - ST - ZIP																																																																																																																							
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																		
STREET ADDRESS																																																																																																																							
CITY - ST - ZIP																																																																																																																							
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																		
STREET ADDRESS																																																																																																																							
CITY - ST - ZIP																																																																																																																							
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																																																																																		
STREET ADDRESS																																																																																																																							
CITY - ST - ZIP																																																																																																																							
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																		
STREET ADDRESS																																																																																																																							
CITY - ST - ZIP																																																																																																																							
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: <u>J.W. Gill</u> J.W. Gill, President <u>5-22-06</u> <u>850-438-5636</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filing Phone #</small>																																																																																																																							

ATTACHMENT
Baroco Electric Construction Company

20046389
3605 N. Davis Hwy, Pensacola FL 32503
P. O. Box 17269, Pensacola FL 32522
Telephone: 850-438-5636 Fax: 850-438-3239

May 22, 2006

Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

RE: Document #V02149

Dear Director of Corporations:

Enclosed please find our check number 53025 in the amount of \$150.00. Because I had not received a notice of the filing due date, I failed to mail our check prior to May 1, 2006.

I am requesting that you please waive the penalty of \$400.00. We have always filed timely and would not purposely delay our annual corporate filing. If you require additional documentation, please call me at 850-438-5636 ext. 112.

Very truly yours,

BAROCO ELECTRIC CONSTRUCTION CO.

Linda Gill

Linda Gill, Controller

Enc.