

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90124 001 ***150.00
02-09-2006 90124 002 *****8.75

DOCUMENT # V03097

1. Entity Name

ALL AMERICAN ELECTRIC OF SOUTHWEST FLORIDA, INC.



Principal Place of Business

P. O. BOX 250
ESTERO FL 33928-0250

Mailing Address

11260 BRIDLE LANE
CAPE CORAL FL 33991



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cape Coral FL

City & State

CAPE CORAL FL

Zip

33991

Country

Zip

Country

4. FEI Number

65-0306090

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P. O. Box Number is Not Acceptable)

City

FL

Zip Code

SPARKS, MICHAEL R.
11260 BRIDLE LANE
CAPE CORAL FL

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 reinstating)

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
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, MAYRON	
STREET ADDRESS	11330 BRIDLE LANE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SPARKS, MICHAEL	
STREET ADDRESS	11260 BRIDLE LANE	
CITY-ST-ZIP	CAPE CORAL FL 33991	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael, SPARKS	
STREET ADDRESS	11260 BRIDLE LANE	
CITY-ST-ZIP	CAPE CORAL FL 33991	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/06

Date

239-283-7033

Daytime Phone #