## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 13, 2006 08:00 AM Secretary of State DOCUMENT #V17328 R. L. HADDOCK, ELECTRICAL CONTRACTOR, INC. Principal Place of Business Mailing Address 3765 MAIN STREET PO BOX 108 MIDDLEBERG, FL 32068 MIDDLEBERG, FL 32050-0108 01122006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3103026 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent HADDOCK, RICHARD L DO NOT WRITE 3765 MAIN STREET MIDDLEBERG, FL 32068 IN THIS SPACE 3. 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, typed or grinted name of registered agent and title if applicable, : .... (NOTE. Registered Agent signature required when reinstanting) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution, After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS · TITLE HADDOCK, RICHARD L NAME STREET ADDRESS 3765 MAIN STREET CITY-ST-ZIP MIDDLEBERG, FL 32068 TITLE //00000385535 01/18/06-80024-014 150.00 NAME ARCHER, DONALD G STREET ADDRESS 4680 PETUNIA AVE CITY-ST-ZIP MIDDLEBURG, FL 32068 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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.

SIGNATIBE

表中心 化混合物 经存货额 医红

STREET ADDRESS:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-06

904-2821709

Daytime Phone:

**FILED**