

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # V68089

1. Entity Name

STANDLEY ELECTRIC INC.



FILED
06 JAN 30 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
365 STANDLEY
MONTICELLO FL 32344
US

Mailing Address
P.O. BOX 37055
TALLAHASSEE FL 32315



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3144039

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STANDLEY, WILLIAM O JR.

RT. 2 BOX 447

LLOYD FL 32311

365 standley

Monticello FL

32344

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	STANDLEY, WILLIAM O JR.	
STREET ADDRESS	RT. 2 BOX 447	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STANDLEY, WILLIAM O III	
STREET ADDRESS	RT. 2 BOX 447	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	ST	<input type="checkbox"/> Delete
NAME	STANDLEY, SUSAN P	
STREET ADDRESS	RT. 2 BOX 447	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	500065597315	
CITY-ST-ZIP	02/10/06--01080--003 **150.00	
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

1-18-6

850-997-2428

Date

Daytime Phone #