2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 473585

FILED Mar 12, 2008 Secretary of State

					,		
Entity Nar	ne: STRYKER	RELECTRICAL CONTRACTIN	IG, INC.				
Current Principal Place of Business:			New Principal Place of Business:				
	HIGH MEADOV Y, FL 34990	AVE.					
Current Mailing Address:			New Mailing Address:				
	HIGH MEADOV Y, FL 34990	AVE.					
FEI Number:	59-1584267	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired (X)		
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
3501 SW 0	E, WILLIAM C CORPORATE F Y, FL 34990	PKWY US					
The above in the State	named entity s of Florida.	ubmits this statement for the p	ourpose of changing i	ts registered	office or registered agent, or both,		
SIGNATUR	RE:						
	Electroni	c Signature of Registered Age	ent		Date		
Election Car	npaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip: Title:	ECCLESTON, S 3953 SW BRUN PALM CITY, FL	ER TERRACE	Title: Name: Address: City-St-Zip: Title:	ECCLESTON 4241 SW HIG PALM CITY, I	H MEADOW AVE.		
Name: Address: City-St-Zip:	BRYAN, MICHAI 3953 SW BRUN PALM CITY, FL	EL G ER TERRACE	Name: Address: City-St-Zip:	BRYAN, MICH	HAEL G H MEADOW AVE.		
Title: Name: Address: City-St-Zip:	VD () BRYAN, WILLIA 3953 SW BRUN PALM CITY, FL	ER TERRACE	Title: Name: Address: City-St-Zip:	BRYAN, WILI	H MEADOW AVE.		
Title: Name:	DV () DIXON, STEVE	Delete E	Title: Name:	DV (X) Change()Addition E E		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: SCOTT B. ECCLESTON DST 03/12/2008

3953 SW BRUNER TERRACE

() Delete

PALM CITY, FL 34990

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

4241 SW HIGH MEADOW AVE.

4241 SW HIGH MEADOW AVE. PALM CITY, FL 34990

() Change (X) Addition

PALM CITY, FL 34990

WEHLE, JOHN P