


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 498928</b>		
1. Entity Name FORWARD ELECTRICAL CONTRACTORS OF FLORIDA, INC.		
Principal Place of Business 4437 SW PORT WAY PALM CITY, FL 34990	Mailing Address 4437 SW PORT WAY PALM CITY, FL 34990	



03202008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1688597	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

WACKEEN, W. THOMAS  
 3473 SOUTHEAST WILLOUGHBY BLVD.  
 STUART, FL 34994

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES CARSON, WILLIAM G 1900 SW HACKMAN TERR STUART, FL 34997
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PR CARSON, WILLIAM G 1900 SW HACKMAN TERRACE STUART, FL 34997
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREA CARSON, WILLIAM G 1900 SW HACKMAN TERRACE STUART, FL 34997
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC CARSON, WILLIAM G 1900 SW HACKMAN TERR STUART, FL 34997
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000869210  
 04/09/08-80039-020 158.75

**DO NOT WRITE IN THIS SPACE**

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 another like empowered.

SIGNATURE: William G. Carson **William G. CARSON** 3/20/08 772-221-1660  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #