

2007 FOR PROFIT CORPORATION ANNUAL REPORT


1/1

FILED
Feb 08, 2007 8:00 am
Secretary of State

01-11-2007 90071 008 *****8.75
 02-08-2007 90049 003 ***150.00

DOCUMENT # 529570

1. Entity Name
F & L ELECTRIC COMPANY, INC.



Principal Place of Business
**110 W SHELLPOINT RD.
 PO BOX 1957
 RUSKIN, FL 33570**

Mailing Address
**P.O. BOX 1957
 RUSKIN, FL 33575**

40011974



01092007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
59-1736056

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FOUTS, CHARLES
 1407 DEIRDRE DR
 RUSKIN, FL 33570**

7. Name and Address of New Registered Agent

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: *Charles Fouts* **CHARLES FOOTS** 1/9/07

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, 2007 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	<input type="checkbox"/> Delete
PO	FOUTS, CHARLES	1407 DEIRDRE DRIVE	RUSKIN, FL	<input type="checkbox"/>
ST	LYNCH, TERRY	11126 VILLAS ON THE GREEN	RIVERVIEW, FL	<input type="checkbox"/>
V	LYNCH, JACQUELINE	11126 VILLAS ON THE GREEN	RIVERVIEW, FL	<input type="checkbox"/>
V	FOUTS, KIM	1407 DEIRDRE DR.	RUSKIN, FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
			33570	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			33569	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			33569	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	KIMBERLY J FOOTS		33570	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE: *Kimberly J Fouts* 1/9/07 813-645-3191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE CURRENT PHONE #