


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90027 034 \*\*\*150.00

**DOCUMENT # 545476**

1. Entity Name  
**AAA ELECTRICAL AND SUPPLY COMPANY**



Principal Place of Business      Mailing Address

**165 S SAMSULA DRIVE  
 NEW SMYRNA BEACH, FL 32168**      **165 S SAMSULA DRIVE  
 NEW SMYRNA BEACH, FL 32168**

**40064267**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

03172008      Chg-P      CR2E034 (12/06)

City & State      City & State

4. FEI Number      Applied For

**59-1783028**       Not Applicable

Zip      Country      Zip      Country

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

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

**HALL, CHARLES  
 417 W CANAL ST  
 N. SMYRNA BCH, FL 32069**

**7. Name and Address of New Registered Agent**

Name **JUDSON WOODS**

Street Address (P.O. Box Number is Not Acceptable)  
**116 N. Ridgewood AVE**

City **Edgewater**      FL      Zip Code **32132**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**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**

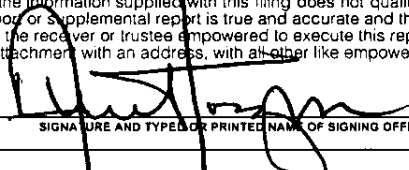
**10. OFFICERS AND DIRECTORS**

TITLE	<b>PVST</b> <input type="checkbox"/> Delete
NAME	<b>TOMAZIN, ALBERT</b>
STREET ADDRESS	<b>165 S SAMSULA DR</b>
CITY-ST-ZIP	<b>NEW SMYRNA BEACH, FL 32168</b>
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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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	
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 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:       **3-25-2008**      **386-663-2093**      c

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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### Annual Report Online Filing

Document Number 545476  
Business Entity Name AAA ELECTRICAL AND SUPPLY COMPANY

FEI Number 59 - 1783028

FEI Number Status  Listed Above  Applied For  Not Applicable

Certificate of Status Desired  Yes  No \$8.75 each

Election Campaign Financing Trust Fund Contribution  Yes  No

#### Principal Place of Business

Address 165 S SAMSULA DRIVE (PO Box not acceptable)  
Suite, Apt. #, etc.  
City, State NEW SMYRNA BEACH, FL  
Zip Code & Country 32168

#### Mailing Address

If your mailing address is the same as the principal address above, please check the box below. Otherwise, enter your mailing address.

Mailing address same as principal address

Address 165 S SAMSULA DRIVE  
Suite, Apt. #, etc.  
City, State NEW SMYRNA BEACH, FL  
Zip Code & Country 32168

#### Name And Address of Registered Agent

Name (Last, First, Middle, Title)  
- OR -  
Business to serve as RA WOODS, JUDSON

Street Address in Florida 116 N. RIDGEWOOD AVE. (PO Box not acceptable)  
Suite, Apt. #, etc.  
City, State EDGEWATER, FL

ATTACHMENT  
#40064267  
#545476

Zip Code & Country 32132 US

If there is a change in registered agent, the new agent will need to type their name in the "Registered Agent Signature" block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

*Judson Woods*

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

**Officer/Director Name And Address**

**Name And Address #1**

Title PVST

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director TOMAZIN, ALBERT

Street Address 165 S SAMSULA DR  
City, State NEW SMYRNA BEACH FL  
Zip Code & Country 32168 US

**Name And Address #2**

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address  
City, State  
Zip Code & Country

**Name And Address #3**

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address  
City, State  
Zip Code & Country

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ATTACHMENT

40064267

#545476

**Name And Address #4**

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

**Name And Address #5**

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

**Name And Address #6**

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the "Officer/Director Signature" block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

*Pres*  
*[Handwritten Signature]*

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

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