


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # 549013 1. Entity Name LAVANDERA ELECTRIC COMPANY	
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Principal Place of Business 4705 HESPERIDES PO BOX 15715 TAMPA, FL 33684 US	Mailing Address 4705 HESPERIDES PO BOX 15715 TAMPA, FL 33684 US
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DO NOT WRITE IN THIS SPACE



01022007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1772390	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, JOSEPH
 SUITE 2560 BARNETT PL, 101 E KENNEDY BLV
 TAMPA, FL 33602

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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)

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

00000579236
 01/09/07-80061-018 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ALICE LAVANDERA 7410 MIRACLE LANE ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RALPH LAVANDERA JR. 7410 MIRACLE LANE ODESSA, FL 33556
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Ralph Lavandera Jr. **Ralph Lavandera Jr./President** 1-2-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

813-870-3486