

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005738

FILED
Apr 15, 2008
Secretary of State

Entity Name: NEW SOUTH ELECTRICAL CONSTRUCTORS, INC.

Current Principal Place of Business:

837 SOUTH MAIN STREET
TROUTMAN, NC 28166

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1050
TROUTMAN, NC 28166

New Mailing Address:

FEI Number: 56-1471460 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNOX, J. CRAIG ESQ
1558 VILLAGE SQUARE BLVD.
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: SHERRILL, CLINTON LYNN
Address: 837 SOUTH MAIN STREET
City-St-Zip: TROUTMAN, NC 28166

Title: V () Delete
Name: STUTTS, RICHARD A
Address: 837 SOUTH MAIN STREET
City-St-Zip: TROUTMAN, NC 28166

Title: S () Delete
Name: MORRISON, B.L. JR.
Address: 837 SOUTH MAIN STREET
City-St-Zip: TROUTMAN, NC 28166

Title: T () Delete
Name: MCDOWELL, LOIS
Address: 837 SOUTH MAIN STREET
City-St-Zip: TROUTMAN, NC 28166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: LOIS MCDOWELL

Electronic Signature of Signing Officer or Director

TREA

04/15/2008

_____ Date