


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # F06000000578
 1. Entity Name
ERNEST P. BREAUX ELECTRICAL, INC.



Principal Place of Business
**2812 BROKEN ARROW RD
 NEW IBERIA, LA 70560**

Mailing Address
**PO BOX 11640
 NEW IBERIA, LA 70562-1640**

DO NOT WRITE IN THIS SPACE



04192007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2923461	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

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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 _____ (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	C BREAUX, ERNEST P JR 2812 BROKEN ARROW RD NEW IBERIA, LA 70560
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD SHEPHERD, WARREN J JR 2812 BROKEN ARROW RD NEW IBERIA, LA 70560
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BREAUX, PHILIP 2812 BROKEN ARROW RD NEW IBERIA, LA 70560
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BREAUX, TOMMY J SR 2812 BROKEN ARROW RD NEW IBERIA, LA 70560
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BYROM, JOHN P JR 2812 BROKEN ARROW RD NEW IBERIA, LA 70560
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BREAUX, LILLIAN L 2812 BROKEN ARROW RD NEW IBERIA, LA 70560

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 05/18/07-80020-002 150.00

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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:  **4-21-07**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #