

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000578

FILED
Mar 22, 2011
Secretary of State

Entity Name: ERNEST P. BREAUX ELECTRICAL, INC.

Current Principal Place of Business:

2812 BROKEN ARROW RD
NEW IBERIA, LA 70560

New Principal Place of Business:

Current Mailing Address:

PO BOX 11640
NEW IBERIA, LA 705621640

New Mailing Address:

FEI Number: 20-2923461

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: C
Name: BREAUX, PHILIP B
Address: 2812 BROKEN ARROW RD
City-St-Zip: NEW IBERIA, LA 70560

Title: DVP
Name: BELL, DAVID
Address: 2812 BROKEN ARROW RD
City-St-Zip: NEW IBERIA, LA 70560

Title: CFO
Name: MENARD, ROBIN
Address: 2812 BROKEN ARROW RD
City-St-Zip: NEW IBERIA, LA 70560

Title: DVP
Name: BREAUX, TOMMY J SR
Address: 2812 BROKEN ARROW RD
City-St-Zip: NEW IBERIA, LA 70560

Title: DVP
Name: BYROM, JOHN P JR
Address: 2812 BROKEN ARROW RD
City-St-Zip: NEW IBERIA, LA 70560

Title: S
Name: CHAMPAGNE, BETH L
Address: 2812 BROKEN ARROW RD
City-St-Zip: NEW IBERIA, LA 70560

I hereby 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 all other like empowered.

SIGNATURE: ROBIN B MENARD

CFO

03/22/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date