


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 15, 2008 8:00 am**  
**Secretary of State**

01-15-2008 90032 001 \*\*\*150.00

**DOCUMENT # K09017**  
 1. Entity Name  
**SUN KRAFT ELECTRICAL CONTRACTING, INC.**



Principal Place of Business      Mailing Address  
**644 CLEARLAKE ROAD      644 CLEARLAKE ROAD**  
**STE A                                      STE A**  
**COCOA, FL 32922-6310 US      COCOA, FL 32922-6310 US**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



01072008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**59-2862438**      Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**ISAACS, JAMES**  
**644 CLEARLAKE RD.**  
**COCOA, FL 32922**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 date if applicable. (NOTE: Registered Agent signature required when reappointing) 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	P	<input type="checkbox"/> Delete
NAME	ISAAC, JAMES	
STREET ADDRESS	644 CLEARLAKE RD	
CITY-ST-ZIP	COCOA, FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	ISAAC, JUDY	
STREET ADDRESS	644 CLEARLAKE RD	
CITY-ST-ZIP	COCOA, FL	
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	President.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISAACS, James	
STREET ADDRESS	644 Clearlake Rd.	
CITY-ST-ZIP	COCOA, FL 32922	
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISAACS, Judy	
STREET ADDRESS	644 Clearlake Rd.	
CITY-ST-ZIP	COCOA, FL 32922	
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 of 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:** *Judy Isaac* **JUDY ISAACS**      **1-9-08**      **321-403-0511**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #