


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 17, 2007 8:00 am**  
**Secretary of State**

07-17-2007 90109 046 \*\*\*158.75


**DOCUMENT # P00000059220**  
 1. Entity Name  
**MAHONEY ELECTRIC, INC.**



Principal Place of Business      Mailing Address  
~~222 INDUSTRIAL BLVD. 190~~      ~~222 INDUSTRIAL BLVD. 190~~  
 NAPLES, FL 34104      <sup>6083</sup> ~~unit 2~~      ~~NAPLES, FL 34104~~  
 NAPLES FL 34109

**DO NOT WRITE IN THIS SPACE**

40123000



07052007    No Chg-P    CR2E034 (11/05)

4. FEI Number 65-1018124	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**

HERITAGE TAX & CONSULTING SERVICES, INC.  
 11220 METRO PKWY #3  
 FORT MYERS, FL 33912

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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAHONEY, SEAN 34 MADISON DRIVE NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:**       7/17/07      239-254-1300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #