

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000039202

FILED
Mar 03, 2008
Secretary of State

Entity Name: SHAFFER'S ELECTRICAL CONTRACTING, INC.

Current Principal Place of Business:

431 AULIN AVE.
STE. A
OVIEDO, FL 32765

New Principal Place of Business:

3240 LAKE HARNEY CIRCLE
GENEVA, FL 32732

Current Mailing Address:

431 AULIN AVE.
STE. A
OVIEDO, FL 32765

New Mailing Address:

3240 LAKE HARNEY CIRCLE
GENEVA, FL 32732

FEI Number: 59-3711513

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAFFER, KRISTYN H
3240 LAKE HARNEY CIR
GENEVA, FL 32732 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: O () Delete
Name: SHAFFER, KRISTYN H
Address: 3240 LAKE HARNEY CIR
City-St-Zip: GENEVA, FL 32732

Title: O () Delete
Name: SHAFFER, WILLIAM N
Address: 3240 LAKE HARNEY CIR
City-St-Zip: GENEVA, FL 32732

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: KRISTYN SHAFFER

PRES

03/03/2008

Electronic Signature of Signing Officer or Director

_____ Date