

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000016413

Entity Name: EAST PASCO ELECTRIC, INC.

FILED
Feb 23, 2009
Secretary of State

Current Principal Place of Business:

4771 ALLEN RD
ZEPHYRHILLS, FL 33541

New Principal Place of Business:

10411 CONNERLY ROAD
DADE CITY, FL 33525

Current Mailing Address:

4771 ALLEN RD
ZEPHYRHILLS, FL 33541

New Mailing Address:

10411 CONNERLY ROAD
DADE CITY, FL 33525

FEI Number: 01-0615475

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARLOWE,MCNABB&STAYTON
1560 W. CLEVELAND ST.
TAMPA, FL 33606 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: P () Delete
Name: LEGER, ANTHONY S
Address: 10411 CONNERLY ROAD
City-St-Zip: DADE CITY, FL 33525

Title: D () Delete
Name: LEGER, MARTHA ANN
Address: 10411 CONNERLY ROAD
City-St-Zip: DADE CITY, FL 33525

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: ANTHONY S. LEGER

MR.

02/23/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date