2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 24, 2007 08:00 A DOCUMENT # P03000093288 **Secretary of State** 1. Entity Name WAYNE BARLOW ELECTRIC, INC. Principal Place of Business Mailing Address **4335 HASSELL ROAD** 4335 HASSELL ROAD CRESTVIEW, FL 32536 CRESTVIEW, FL 32536 01152007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0185269 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent BARLOW, WAYNE DO NOT WRITE 4335 HASSELL ROAD CRESTVIEW, FL 32536 IN THIS SPACE 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 title it applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRÉCTORS THIS PST BARLOW, WAYNE NAME STREET ADDRESS 4335 HASSELL ROAD U00000601971 01/26/07-80071-004 150.00 CITY-ST-ZIP CRESTVIEW, FL 32536 VP me BARLOW, DEBORAH NAME 4335 HASSELL ROAD STREET ADDRESS CITY-ST-ZIP CRESTVIEW, FL 32536 TITLE NAME STREET ADDRESS DO NOT WRITE COY-ST-7P IN THIS SPACE THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filting 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/67

850-259-2747

FILED

Daytime Phone #