

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000152628

FILED
Jan 04, 2007
Secretary of State

Entity Name: TRI-COOK ELECTRICAL CONTRACTORS OF FLORIDA, INC.

Current Principal Place of Business:

223 NORTHAM RD.
ROCKINGHAM, NC 28380

New Principal Place of Business:

108 ALCAN RD.
ROCKINGHAM, NC 28379

Current Mailing Address:

223 NORTHAM RD.
ROCKINGHAM, NC 28380

New Mailing Address:

PO BOX 1886
ROCKINGHAM, NC 28380

FEI Number: 20-4046772

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOULDIN KING, P. A.
46 N. WASHINGTON BLVD.
SUITE 7
SARASOTA, FL 34236 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: COOK, THAYER L JR.
Address: 223 NORTHAM RD.
City-St-Zip: ROCKINGHAM, NC 28380

Title: S,T () Delete
Name: COOK, KERI L
Address: 223 NORTHAM RD.
City-St-Zip: ROCKINGHAM, NC 38280

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 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: KERI L COOK

S/T

01/04/2007

Electronic Signature of Signing Officer or Director

_____ Date