## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 15, 2007 08:00 AM DOCUMENT # P03000126135 **Secretary of State** ALAN'S ELECTRIC, INC. Principal Place of Business Mailing Address 1000 KNOLLWOOD CIR 1000 KNOLLWOOD CIR WAUCHULA, FL 33873 WAUCHULA, FL 33873 03052007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 52-2406054 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LANG, JOSEPH ALAN DO NOT WRITE 1000 KNOLLWOOD CIR WAUCHULA, FL 33873 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 little if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution, After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE LANG, JOSEPH ALAN NAME. STREET ADDRESS 1000 KNOLLWOOD CIR CITY-ST-ZIP WAUCHULA, FL 33873 TITLE ST LANG, DONNA FAYE NAME STREET ADDRESS 1000 KNOLLWOOD CIR U00000667458 CITY+ST-ZIP WAUCHULA, FL 33873 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-Z!P TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 charged, or on an attachment with an address, with all other the empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-07

865-773-9017

Daytime Phone #

**FILED**