2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 283559

Name:

Address:

City-St-Zip:

LENHART, STEPHANIE A

FRUITLAND PARK, FL 34731

950 HAWK LANDING

FILED Jun 15, 2009 Secretary of State

Entity Name: LENHART ELECTRIC COMPANY					
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
4083 EAST CR 462 SUITE 5 WILDWOOD, FL 34785			8618 NE 43RD WAY WILDWOOD, FL 34785		
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
4083 EAST CR 462 SUITE 5 WILDWOOD, FL 34785			8618 NE 43RD WAY WILDWOOD, FL 34785		
FEI Number:	59-1055682	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of N	Name and Address of New Registered Agent:	
LENHART, JAMES K 4083 EAST CR 462 SUITE 5 WILDWOOD, FL 34785 US			LENHART, JAMES K 8618 NE 43RD WAY WILDWOOD, FL 34785	US	
The above in the State		ubmits this statement for the pu	rpose of changing its registered o	ffice or registered agent, or both,	
SIGNATURE: JAMES K. LENHART				06/15/2009	
	Electronic	Signature of Registered Agen	nt	Date	
		2)(b), F.S., the corporation did not Trust Fund Contribution ().	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ST () E LENHART, JAME 04325 EMMAUS FRUITLAND PAR	DR	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	PD ()[LENHART, JAME 950 HAWK LAND FRUITLAND PAR	ING	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title:	VD ()	Delete	Title: ()	Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES K. LENHART PD 06/15/2009