2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 306025

Entity Name: COUNTY ELECTRIC INC

CASORIA, DAVID H.,

FT. LAUDERDALE, FL

3210 NW 66 ST.

Name: Address:

City-St-Zip:

FILED Jan 15, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
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	ITH COURT ERDALE, FL 3	33334		
Current Mailing Address:			New Mailing Address:	
552 NE 34TH COURT FT LAUDERDALE, FL 33334			552 NE 34TH. CT. OAKLAND PARK, FL 33334 US	
FEI Number	: 59-1149448	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
1610 SOU FT. LAUD	, PETER JR. ITH OCEAN D ERDALE, FL	33311 US		
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,
SIGNATUI	RE:			
Electronic Signature of Registered Age			jent	Date
Election Ca	mpaign Financir	ng Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD (CASORIA, PE 1610 S. OCEA FT. LAUDERD	N DRIVE	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	D (CASORIA, PA ⁻ 1610 S. OCEA FT. LAUDERD	N DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	CASORIA, PE 4020 GALT O	•	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title:	V () 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: PETER CASORIA JR. PD 01/15/2008