2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# 306025

Entity Name: COUNTY ELECTRIC INC

Current Principal Place of Business:

552 NE 34TH COURT
FT LAUDERDALE, FL 33334

New Principal Place of Business:

Current Mailing Address:

552 NE 34TH. CT.
OAKLAND PARK, FL 33334 US

New Mailing Address:

FEI Number: 59-1149448 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASORIA, PETER JR.
1610 SOUTH OCEAN DRIVE
FT. LAUDERDALE, FL 33311 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: PD ( ) Delete
Name: CASORIA, PETER JR.,
Address: 1610 S. OCEAN DRIVE
City-St-Zip: FT. LAUDERDALE, FL

Title: D ( ) Delete
Name: CASORIA, PATRICIA,
Address: 1610 S. OCEAN DRIVE
City-St-Zip: FT. LAUDERDALE, FL

Title: D ( ) Delete
Name: CASORIA, PETER SR.,
Address: 4020 GALT OCEAN DR
City-St-Zip: FT LAUDERDALE, FL 00000,

Title: V ( ) Delete
Name: CASORIA, DAVID H.,
Address: 3210 NW 66 ST.
City-St-Zip: FT. LAUDERDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 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: PETER CASORIA PD 02/10/2009

Electronic Signature of Signing Officer or Director — Date