

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 17, 2008 08:00 AM
Secretary of State

DOCUMENT # 309571

1. Entity Name

CURREN ELECTRIC COMPANY



Principal Place of Business
3859 N. HWY 441
OKEECHOBEE FL 34972

Mailing Address
3859 N. HWY 441
OKEECHOBEE FL 34972



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number
59-1154409

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CURREN, WILLIAM S
3859 HWY 441 NORTH
OKEECHOBEE FL 34972

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 *William S Curren*
(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when renouncing)

3/17/08

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V ☐ Delete
NAME CURREN, SABA R
STREET ADDRESS 3859 HWY 441 NORTH
CITY-ST-ZIP OKEECHOBEE FL 34972

TITLE ☐ Change ☐ Addition
NAME 000000353900
STREET ADDRESS 04/02/08-80042-007 150.00
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME CURREN, WILLIAM S
STREET ADDRESS 3859 HWY 441 NORTH
CITY-ST-ZIP OKEECHOBEE FL 34972

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME CURREN, SUSAN
STREET ADDRESS 3859 HWY 441 NORTH
CITY-ST-ZIP OKEECHOBEE FL 34972

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 Section 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/08

Date

Daytime Phone #