## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT #311979** 

1. Entity Name
OCONTO ELECTRIC, INCORPORATED



FILED Apr 24, 2008 08:00 AN Secretary of State

Principal Place of Business

ATTN: ROSE MARY FERRIS 760 VILLAGE CIRCLE #209 VENICE, FL 34292 Mailing Address

ATTN: ROSE MARY FERRIS 760 VILLAGE CIRCLE #209 VENICE, FL 34292



DO NOT WRITE IN THIS SPACE

No Chg-P

CR2E034 (11/05)

4. FEI Number 39-0917919 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERRIS, ROSE MARY 760 VILLAGE CIR #209 VENICE, FL 34292

## DO NOT WRITE IN THIS SPACE

VENICE, FL 34292			IN THIS STAGE		
	e named entity submits this statement for the plicins of registered agent.  Signature, typed or printed name of registered agent and title			egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
FILE NOWILL FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	U00000918694 05/13/08-80092-014 150.00
10.  IIILE NAME STREET ADDRESS CITY-SI-ZIP IIILE	PD FERRIS, ROSE MARY 760 VILLAGE CIR #209 VENICE, FL 34292 ST	CTORS			
NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS	FERRIS, ROSE MARY 760 VILLAGE CIR #209 VENICE, FL 34292				
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

PLOS MANY HOUSE SIGNATURE AND TYPED OR PROVIDED NAMES OF SIGNATURE OF DIRECTOR

4-21-08

488-8822 Daytime Phone #