## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 16, 2007 08:00 AM **DOCUMENT #491751 Secretary of State** GAYLORD/MILLER ELECTRIC CORPORATION Principal Place of Business Mailing Address 602 N OREGON AVE **602 N OREGON AVE** TAMPA, FL 33606-0006 TAMPA, FL 33606-0006 01082007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1631953 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TEPPER, JAMES A DO NOT WRITE 2811 W PATTERSON ST TAMPA, FL 33614 IN THIS SPACE 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 Synature, typed or preted name of registered egent and tritle if applicable (NOTE: Registered Agent aignature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 U00000586822 Trust Fund Contribution. Added to Fees 7/07-80009-008 50.00 OFFICERS AND DIRECTORS 10. TITLE NAME MCCASLAND, WILLIAM G STREET ADDRESS 1411 E HENRY ST CITY-ST-ZIP TAMPA, FL 33604 TEPPER, JAMES A MALAF 2811 W PATTERSON ST STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33614** TITLE MOCK, STEPHEN WII STREET ADDRESS 43341 AVE E DO NOT WRITE CITY-ST-ZIP SAINT PETERSBURG, FL 33703 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 reserver 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DINATURE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTO

pper - 1.11.0

813.254.4681

Daytrne Phone #

**FILED**