## 2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # 493208 1. Entity Name MCPHERSON ELECTRICAL CONTRACTORS, INC.

FILED Apr 12, 2007 08:00 All Secretary of State

Principal Place of Business

Isiness

610 WEST JEFFERSON STREET QUINCY, FL 32351 US Mailing Address

610 WEST JEFFERSON STREET QUINCY, FL 32351 US



DO NOT WRITE IN THIS SPACE

02082007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1637188

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCPHERSON, ROBERT S 610 W. JEFFERSON STREET QUINCY, FL 32351 DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pations of registered agent.	urpose of changing its registe	red office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered egent and title t	applicable. (NOTE: Register	red Agent signature required when reinstating)	DATE
FILE NOWII! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finar  Trust Fund Contribution.				
10.	OFFICERS AND DIREC	CTORS	- 1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCPHERSON, ROBERT G J 98 PIMLICO DR CRAWFORDVILLE, FL 32327		and the second s	U00000703243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCPHERSON, VIRGINIA 97 GREEN RD QUINCY, FL. 32352			04/20/07-80131-024 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCPHERSON, ROBERT G SR 97 GREEN RD QUINCY, FL 32352		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·		THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			The state of the s	

12. I hereby certify that the information supplied with this filling 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

SIGNATURE: X

TITLE
NAME
STREET ADDRESS

BISNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/101

8/3-1/23