

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**


1/1

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

01-11-2007 90071 008 \*\*\*\*\*8.75  
 02-08-2007 90049 003 \*\*\*150.00

**DOCUMENT # 529570**

1. Entity Name  
**F & L ELECTRIC COMPANY, INC.**



Principal Place of Business  
**110 W SHELLPOINT RD.  
 PO BOX 1957  
 RUSKIN, FL 33570**

Mailing Address  
**P.O. BOX 1957  
 RUSKIN, FL 33575**

40011974



01092007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number  
**59-1736056**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FOUTS, CHARLES  
 1407 DEIRDRE DR  
 RUSKIN, FL 33570**

7. Name and Address of New Registered Agent

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: *Charles Fouts* **CHARLES FOOTS** 1/9/07

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE:

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	PD	Delete
	FOUTS, CHARLES	1407 DEIRDRE DRIVE	RUSKIN, FL	<input type="checkbox"/>	Delete
	LYNCH, TERRY	11126 VILLAS ON THE GREEN	RIVERVIEW, FL	<input type="checkbox"/>	Delete
	LYNCH, JACQUELINE	11126 VILLAS ON THE GREEN	RIVERVIEW, FL	<input type="checkbox"/>	Delete
	FOUTS, KIM	1407 DEIRDRE DR.	RUSKIN, FL	<input type="checkbox"/>	Delete
				<input type="checkbox"/>	Delete
				<input type="checkbox"/>	Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
			33570	<input checked="" type="checkbox"/>	Change
			33569	<input checked="" type="checkbox"/>	Change
			33569	<input checked="" type="checkbox"/>	Change
	KIMBERLY J FOOTS		33570	<input checked="" type="checkbox"/>	Change
				<input type="checkbox"/>	Change
				<input type="checkbox"/>	Addition

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: *Kimberly J Fouts* 1/9/07 813-645-3191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE CURRENT PHONE #