

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 545489

FILED
Jan 14, 2010
Secretary of State

Entity Name: E.F. LEA ELECTRICAL CONTRACTOR, INC.

Current Principal Place of Business:

339 EAST 50TH STREET
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3143
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 59-1764204

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEA JR, ERNEST L
339 E. 50TH STREET
JACKSONVILLE, FL 32208 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: LEA, ERNEST L JR
Address: 339 E. 50TH STREET
City-St-Zip: JACKSONVILLE, FL 32208

Title: D
Name: LEA, JUANITA W
Address: 339 E 50TH STREET
City-St-Zip: JACKSONVILLE, FL 32208

Title: VP
Name: CARTER, PAULA L
Address: 339 E 50TH STREET
City-St-Zip: JACKSONVILLE, FL 32208

Title: ST
Name: LEA, CARMEL B
Address: 339 E. 50TH STREET
City-St-Zip: JACKSONVILLE, FL 32208

Title: VP
Name: BASS, MAX C JR
Address: 339 E. 50TH STREET
City-St-Zip: JACKSONVILLE, FL 32208

Title: VP
Name: MCFATTER, JARRETT L
Address: 339 E. 50TH STREET
City-St-Zip: JACKSONVILLE, FL 32208

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAULA L. CARTER

VP

01/14/2010

Electronic Signature of Signing Officer or Director

Date