

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 570822

FILED  
Jan 08, 2010  
Secretary of State

**Entity Name:** THE ELECTRIC CONNECTION, INC.

**Current Principal Place of Business:**

2027 2ND AVENUE SOUTH  
ST. PETERSBURG, FL 33712

**New Principal Place of Business:**

**Current Mailing Address:**

2027 2ND AVENUE SOUTH  
ST. PETERSBURG, FL 33712

**New Mailing Address:**

**FEI Number:** 59-1817651

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WHITE, JACQUELYN F.  
215 22ND AVENUE NE  
ST PETERSBURG, FL 33704 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:** VP,D  
**Name:** WHITE, JACQUELYN F  
**Address:** 215 22ND AVE NE  
**City-St-Zip:** ST PETERSBURG, FL 33704

**Title:** PD  
**Name:** WHITE, C H  
**Address:** 1459 73RD. CIRCLE NE.  
**City-St-Zip:** SAINT PETERSBURG, FL 33702

**Title:** D,ST  
**Name:** WHITE, ELAINE  
**Address:** 1459 73RD. CIRCLE NE  
**City-St-Zip:** SAINT PETERSBURG, FL 33702

**Title:** VP,D  
**Name:** WHITE, GERALD H  
**Address:** 1957 MASSACHUSETTS AVE. NE  
**City-St-Zip:** SAINT PETERSBURG, FL 33703

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:** JACQUELYN F. WHITE

VP

01/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date