

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 593913

FILED  
Mar 02, 2009  
Secretary of State

Entity Name: ALL PHASE ELECTRIC & MAINTENANCE, INC.

**Current Principal Place of Business:**

4301 W SOUTH AVENUE  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

4301 W SOUTH AVENUE  
TAMPA, FL 33614

**New Mailing Address:**

FEI Number: 59-1867878

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PULEO, PAUL N  
4301 W SOUTH AVENUE  
TAMPA, FL 33614 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 ( ) Delete  
Name: PULEO, PAUL N  
Address: 19202 HANNA RD.  
City-St-Zip: LUTZ, FL

Title: STD ( ) Delete  
Name: PULEO, SHARON LEE  
Address: 19202 HANNA RD.  
City-St-Zip: LUTZ, FL

Title: VD ( ) Delete  
Name: PULEO, TRAVIS P.  
Address: 1112 NASHVILLE DR  
City-St-Zip: WESLEY CHAPEL, FL

Title: VD ( ) Delete  
Name: PULEO, TROY  
Address: 19214 HANNA RD  
City-St-Zip: LUTZ, FL

Title: V ( ) Delete  
Name: PULEO, NICHOLAS  
Address: 421 PINE BLUFF DR  
City-St-Zip: LUTZ, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TROY PULEO

VD

03/02/2009

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

\_\_\_\_\_  
Date