## 2007 FOR PROFIT CORPORATION

## **FILED** ΑM

ANNUAL REPORT					Jan 12, 2007 08:00 A			
DOCUMENT # 623491 1. Entity Name			4	Secretary of State				
	ECTRIC ASSOCIATES, INC.							
Principal Plac 16923 SW A ARCHER, FL	RCHER RD	Mailing Address P.O. BOX 499 ARCHER, FL 32618-0499						
			·····					
DO NOT WRITE IN THIS SPA				01102007	No Chg-P	CR2E034 (1		
			CE	4. FEI Numb			Applied For Not Applicable	
				5. Certificate	e of Status Desired		75 Additional Required	
	6. Name and Address of Current Re	gistered Agent						
MCDAVID, WILLIAM 4711 NW 53 AVE			VAJANI ANTONOMIA	DO	NOT W	RITE		
GAINESVILLE, FL 32606-4356				IN '	THIS SP	ACE		
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.							ar with, and accept	
SIGNATURE						<u> </u>		
		9. Election Campaign Final Trust Fund Contribution.		5.00 May Be ided to Fees	###		·	
10.	OFFICERS AND DI	RECTORS		·	<u> </u>			
title Hame	PSTD SMITH, RAY D							
STREET ADDRESS CITY-ST-ZIP	1621 NW 20 AVE CRYSTAL RIVER, FL 34428							
TITLE NAME					Honono	:04907		
STREET ADDRESS CREY-ST-ZIP					U000005 01/12/07-8	30029-021	150.00	
ग्राप्ट								
NAME STREET ADDRESS					NOT			
CITY-ST-ZIP				DO	NOT W	KIIE		
TATE				IN	THIS SF	ACE		
T ADDRESS								
-ZIP			4					
			4	-				

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 is 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 ion 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 an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR