## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## Jan 16, 2007 8:00 am Secretary of State **DOCUMENT #628407** 01-16-2007 90220 021 \*\*\*150.00 TUTKO ELECTRIC, INC. Mailing Address Principal Place of Business 1306 WALLWOOD DR. 1306 WALLWOOD DR. BRANDON, FL 33510 BRANDON, FL 33510 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 11114 VILLAS TONITHE GREEN PR 11114 VICLAS ON THE GREEN DR Suite, Apt. #, etc. Suite, Apt. #, etc. 01102007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For RIVERVIEW FC RIVERVIEW 59-2022761 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 🗞 Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MICTON TUTKO TUTKO, MILTON Street Address (P.O. Box Number is Not Acceptable) 1306 WALLWOOD DR. BRANDON, FL 33510 11114 VILLAS ON THE GREEN RIVERVIEW 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 10-07 SIGNATURE (NOTE: Registered Agent signature required whon reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. PRESIDENT Delete Change ☐ Addition TITLE TITLE TUTKO, MILTON TUTKO, MILTON NAME NAME 11114 VILLAS ON THE GREEN 1306 WALLWOOD DR. STREET ADDRESS STREET ADDRESS BRANDON, FL CITY-ST-ZIP CITY-ST-ZIP RIVERVIEW ☐ Delete TITLE ☐ Addition TITLE NAME TUTKO, ROBERT M. NAME STREET ADDRESS 4108 WALDEN VIEW DR STREET ADDRESS CITY-ST-ZIP BRANDON, FL 33511 CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE TUTKO, JOHN G. NAME NAME STREET ADDRESS STREET ADDRESS 6201 WHITEWAY DR. TEMPLE TERRACE, FL CITY-ST-ZIP CITY ST-7IP ☐ Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-7IP 12. I hereby certify 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 indicated on this report or supplemental report is true and accurate and that my signature shall have the same logal 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 shall otherwise.

FILED

Date

Daytime Phone 6