


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Mar 21, 2008 08:00 A  
Secretary of State**

<b>DOCUMENT # 647443</b> 1. Entity Name A & WELECTRIC CO., INC.	
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Principal Place of Business 455 GUS HIPPI BLVD. ROCKLEDGE, FL 32955	Mailing Address 455 GUS HIPPI BLVD. ROCKLEDGE, FL 32955
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03112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1958804	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HARTERY, MARK  
2436 CRYSTAL OAKS LANE  
W MELBOURNE, FL 32904

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARTERY, MARK 2436 CRYSTAL OAKS LANE W MELBOURNE, FL 32904
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04/08/08-80021-015 150.00

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark Hartery *Mark Hartery* 3-11-2008 321-639-3960  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #