2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED **DOCUMENT # 740911** Feb 06, 2007 08:00 AM 1. Entity Namo **Secretary of State ELECTRICAL UNION LABOR & BUILDING** ASSOCIATION, INC. Principal Place of Business Mailing Address 523 N. PALO ALTO AVENUE P.O. BOX 3935 (SPRINGFIELD STATION) PANAMA CITY FL 32401 523 N. PALO ALTO AVENUE P.O. BOX 3935 (SPRINGFIELD STATION) PANAMA CITY FL 32401 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suito, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State Applied For 4. FEI Number 59-0178114 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAVIS, JR, VERNON J Street Address (P.O. Box Number is Not Acceptable) 736 RUSS LAKE DR PANAMA CITY FL 32404 Zip Code 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 Signature, typed or printed name or registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstaing) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution Due By May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO DEFICE AND DIRECTORS IN 10 11. 02/14/07-80038-002 & Ango 25 _ Addition TOTE ☐ Delete TITLE NAME HOLLIS, R.S. NAME STREET ADDRESS 1022 HARVARD BLVD STREET ADDIESS CITY-SI-ZIP LYNN HAVEN FL 32444 CITY-ST-ZIP THE VPT ☐ Delete HILE ☐ Change Addition NAME MOUNT, RR NAME STREET ADDRESS 21819 SAND MOUNTAIN CHURCH ROAD STREET ADDRESS CITY-S1-7IP **FOUNTAIN FL 32438** CITY-ST-ZIP MILE ☐ Defete ITILE ☐ Change Addition TD NAME. NAME DAVIS, JR, VERNON J STREET ADDRESS STREET ADDRESS 736 RUSS LAKE DR CHY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32464 ☐ Delete TITLE ☐ Change ☐ Addition SD NAME NAME KENNINGTON, W.T. STREET ADDRESS STREET ADDRESS 4119 CHERRY LANE CITY-ST-7IP CITY-ST-ZIP PANAMA CITY FL RILE ☐ Defete ☐ Change ■ Addition TITLE NAME CHESTNUT, CATHY NAME STREET ADDRESS 2626 CEDAR LANE STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32405 CITY-ST-ZIP 10716 Delete HHE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS COY-ST-ZIP CITY-ST-ZIP

12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos. 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 617, 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:

(850) 784 - 63 59