2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F00603

1. Entity Name

RAY WILLIAMS ELECTRIC SERVICE, INC.



FILED Feb 01, 2008 08:00 AN Secretary of State



Principal Place of Business		Mailing Address		·
2450 WEST 82 ST.		2450 WEST 82 ST.	•	
308 HIALEAH FL 33016 US		308 HIALEAH FL 33016 US		
2. Principal F	Place of Business - No P.C. Box #	3. Mailing Addross		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		1st MOORE CR2E034 (10/07)
City & Stat	e	City & State		4. FEI Number 59-2204057 Applied For Not Applicable
Zip	Country	Z:p	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Cur	rent Registered Agent		7. Name and Address of New Registered Agent
			Name	
WILLIAMS, RAY 2450 WEST 82 ST.			Street Addr	ess (P.O. Box Number is Not Acceptable)
STE. 308 HIALEAH FL 33016				
			City	FL Zip Codo
	named entity submits this stateme	ent for the purpose of changing its	registered office or re	gistered agent, or coth, in the State of Florida. I am familiar with, and accept
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SIGNATURE	Signature, repealor printed hemiti at registered.	TOA) edas/light airthrainepp	E. Registried Agort eginnlore i	rquirae enar seintabrg - DATE
After	ILE NOW.!!! FEE IS \$150.00 May 1, 2008 Fee Will Be \$55 k Payable to Florida Departme	0.00	•	9. Election Campaign Financing \$5.00 May Be Trust Fund Centribution. Added to Fees
10.	electification (1966) du li li li li election (1966) de la verbergia (1967) de la verbergia	AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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NAME	WILLIAMS, RAY		HAME	
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CITY-ST-ZIZ			CITY-ST-ZIP	######################################
TOTE		☐ De¹ete	TITLE	02/11/08-80005-003 Prof. no Addition
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			NAME STREET ADDRESS	
CITY-ST-ZIP			NAME STREET ADDRESS CHY-ST-ZIP	
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TITLE			STREET ADDRESS CHY-ST-ZIP TITLE	☐ Change ☐ Addition
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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes, if 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 cath; that I am an efficer 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.30-08

305-821-3630

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