


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90019 009 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # F02000001298</b><br>1. Entity Name<br>WAYCROSS WINLECTRIC CO. |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>93 VICKERS RD.<br>WAYCROSS, GA 31501 | Mailing Address<br>1000 HURRICANE SHOALS RD<br>C-100<br>LAWRENCEVILLE, GA 30043 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



03242008 No Chg-P CR2E034 (11/05)

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>02-0560247                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**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<br/>After May 1, 2008 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
|---|---|

10. OFFICERS AND DIRECTORS


|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>STEWART, RUSSELL A<br>93 VICKERS ROAD<br>WAYCROSS, GA 31501               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>MUEGEL, PHILIP E<br>1000 HURRICANE SHOALS RD, C -100<br>ATLANTA, GA 30043 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SALSMAN, MONTE<br>3110 KETTERING BLVD.<br>DAYTON, GA 31501                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ABBOTT, RUSSELL W<br>3110 KETTERING BLVD.<br>DAYTON, GA 31501              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

**DO NOT WRITE  
IN THIS SPACE**

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:** SEE ATTACHED FOR SIGNATURE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

|  |                                 |                                 |  |  |   |
|--|---------------------------------|---------------------------------|--|--|---|
| <b>DOCUMENT # F02000001298</b>   |                                 |                                 |  |                                       |   |
| 1. Entity Name<br><b>WAYCROSS WINLECTRIC CO.</b>   |                                 |                                 |  |  |   |
| Principal Place of Business<br><b>93 VICKERS RD.<br/>WAYCROSS GA 31501</b>   |                                 |                                 | Mailing Address<br><b>1000 HURRICANE SHOALS RD<br/>C-100<br/>LAWRENCEVILLE GA 30043</b>  |  |   |
| 2. Principal Place of Business - No P.O. Box #   |                                 |                                 | 3. Mailing Address   |  |   |
| Suite, Apt. #, etc.  |                                 |                                 | Suite, Apt. #, etc.  |  |   |
| City & State   |                                 |                                 | City & State   |  |   |
| Zip  |                                 | Country                         |  | Zip  |   |
|  |                                 |                                 |  |  |   |
| 4. FEI Number <b>02-0560247</b>  |                                 |                                 |  | Applied For<br><input type="checkbox"/> 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  |                                 |                                 | 7. Name and Address of New Registered Agent  |  |   |
| <b>CORPORATION SERVICE COMPANY<br/>1201 HAYS STREET<br/>TALLAHASSEE FL 32301-2525</b>  |                                 |                                 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |   |
| 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature requires sworn statement of)</small>  |                                 |                                 |  |  |   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |                                 |                                 |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   |
| 10. OFFICERS AND DIRECTORS   |                                 |                                 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |
| TITLE  | PD                              | <input type="checkbox"/> Delete |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | STEWART, RUSSELL A              |                                 |  | NAME   |   |
| STREET ADDRESS   | 93 VICKERS ROAD                 |                                 |  | STREET ADDRESS   |   |
| CITY-ST-ZIP  | WAYCROSS GA 31501               |                                 |  | CITY-ST-ZIP  |   |
| TITLE  | ST                              | <input type="checkbox"/> Delete |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | MUEGEL, PHILIP E                |                                 |  | NAME   |   |
| STREET ADDRESS   | 1000 HURRICANE SHOALS RD, C-100 |                                 |  | STREET ADDRESS   |   |
| CITY-ST-ZIP  | ATLANTA GA 30043                |                                 |  | CITY-ST-ZIP  |   |
| TITLE  | D                               | <input type="checkbox"/> Delete |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | SALSMAN, MONTE                  |                                 |  | NAME   |   |
| STREET ADDRESS   | 3110 KETTERING BLVD.            |                                 |  | STREET ADDRESS   |   |
| CITY-ST-ZIP  | DAYTON GA 31501                 |                                 |  | CITY-ST-ZIP  |   |
| TITLE  | D                               | <input type="checkbox"/> Delete |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | ABBOTT, RUSSELL W               |                                 |  | NAME   |   |
| STREET ADDRESS   | 3110 KETTERING BLVD.            |                                 |  | STREET ADDRESS   |   |
| CITY-ST-ZIP  | DAYTON GA 31501                 |                                 |  | CITY-ST-ZIP  |   |
| TITLE  |                                 | <input type="checkbox"/> Delete |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                                 |                                 |  | NAME   |   |
| STREET ADDRESS   |                                 |                                 |  | STREET ADDRESS   |   |
| CITY-ST-ZIP  |                                 |                                 |  | CITY-ST-ZIP  |   |
| TITLE  |                                 | <input type="checkbox"/> Delete |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                                 |                                 |  | NAME   |   |
| STREET ADDRESS   |                                 |                                 |  | STREET ADDRESS   |   |
| CITY-ST-ZIP  |                                 |                                 |  | CITY-ST-ZIP  |   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Christa L. L. Agent</u>  |                                 |                                 |  | Date <u>4-16-08</u> <u>678-317-0537</u><br><small>Daytime Phone #</small>  |   |