## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # F05000000997

1. Entity Name

MOSES ELECTRIC, INC.



FILED Mar 23, 2007 08:00 A Secretary of State

Principal Place of Business

1207 PIN OAK DRIVE FLOWOOD, MS 39232 Mailing Address

P.O. BOX 16727

JACKSON, MS 39236-6727



DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05) 01032007

Applied For 4. FEI Number 20-1919977 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

SIGNATURE: A

## DO NOT WRITE IN THIS SPACE

| the obligat   | ions of registered agent.  | •                            |                               |                                |   |   |
|---|--|------------------------------|-------------------------------|--------------------------------|---|---|
| SIGNATURE   | Signature, typed or printed name of registered agent and title if        | applicable (NOTE: Registered | Agent signature               | required when renstating)      | DATE                                      |   |
| FILE NOWI!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.   |  |                              | cing                          | \$5.00 May Be<br>Added to Fees | 000000875961<br>03/30/07-80040-011 150.00 | , |
| 10. OFFICERS AND DIRECTORS  |  |                              |                               |                                |   |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | CP<br>HUX, WILLIAM A<br>110 HICKORY HOLLOW<br>BRANDON, MS 39042          |                              | DO NOT WRITE<br>IN THIS SPACE |                                |   |   |
| TITLE NAME STREET ADDRESS CRY-ST-ZIP  | VCS<br>UPCHURCH, MICHAEL W<br>RT 3 BOX 75<br>CARROLTON, MS 38917         |                              |                               |                                |   |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | DV<br>POWERS, ROBERT D SR<br>14560 RIVER TRAIL CT.<br>GULFPORT, MS 39503 |                              |                               |                                |   |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | D<br>UPCHURCH, DAVID L<br>690 GILLON ROAD<br>GRENADA, MS 38901           |                              |                               |                                |   |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |                              |                               |                                |   | • |
| TITLE<br>NAME<br>STREET ADDRESS   |  |                              |                               |                                |   |   |
| CITY-ST-ZIP   | t  |                              |                               |                                | •   |   |
| 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 of 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 of the corporation of the receiver of trustee empowered. |  |                              |                               |                                |   |   |

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