
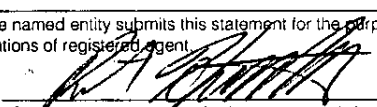
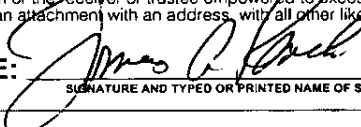


# 2008 FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90073 026 \*\*\*150.00

<b>DOCUMENT # F06000000553</b> 1. Entity Name <b>J. RANCK ELECTRIC, INCORPORATED</b>					
Principal Place of Business <b>1993 GOVER PARKWAY MT. PLEASANT, MI 48858</b>		Mailing Address <b>1993 GOVER PARKWAY MT. PLEASANT, MI 48858</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>38-2677797</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>HENTKOWSKI, ROBERT 357 N.E. BRASHER COURT PORT ST LUCIE, FL 34983</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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:  <b>Robert Hentkowski, PM</b> <b>3-4-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<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			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD RANCK, JAMES 7289 E. THORNAPPLE DRIVE MT. PLEASANT, MI 48858 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RANCK, ADAM 7289 E. THORNAPPLE DRIVE MT. PLEASANT, MI 48858 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	212 S. Magruder Rd. Shepherd, MI 48883 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RANCK, LOU ANN 7289 E. THORNAPPLE DRIVE MT. PLEASANT, MI 48858 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOD, ANGELA 2701 10 1/2 MILE ROAD SANFORD, MI 48657 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1563 Castor Rd. Sanford, MI 48657 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Thurm, Andrea 2970 Rolling Green Ct. Milford, MI 48380 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  <b>James A. Ranck</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>3-5-08</b> <b>989-775-7393</b> <small>Date Daytime Phone #</small>		

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