## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # F06000006386**

1. Entity Name

C & H POWER LINE CONSTRUCTION CO.



Principal Place of Business

1847 E. PORTLAND AVE DEWEY, OK 74029 Mailing Address

1847 E. PORTLAND AVE DEWEY, OK 74029

## FILED May 22, 2007 8:00 am Secretary of State

05-22-2007 90014 035 \*\*\*550.00



	DO	<b>NOT</b>	<b>WRITE</b>	IN	THIS	<b>SPACE</b>
--	----	------------	--------------	----	------	--------------

05082007 No Chg-P CR2E034 (11/05)

 4. FEI Number
 Applied For

 73-1260735
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORGAN, JACK 2148 MONROE STREET FORT MYERS, FL 33901

## DO NOT WRITE IN THIS SPACE

				71110 017102
	named entity submits this statement for the ions of registered agent.	purpose of changing its registere	d office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and titl	le if applicable. (NOTE: Registered	Agent signature required when reinstating)	DATE
	LE NOW!!! FEE IS \$550.00 ue by September 14, 2007	Election Campaign Financ     Trust Fund Contribution.	sing \$5.00 May Be Added to Fees	
10,	OFFICERS AND DIRE	ECTORS		· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC MOORE, JAMES R 1847 E. PORTLAND AVE DEWEY, OK 74029			
TITLE NAME STREET ADORESS CITY-SI-ZIP	VPVC MOORE, JIMMIE 1847 E. PORTLAND AVE DEWEY, OK 74029			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOORE, COLEENA 1847 E. PORTLAND AVE DEWEY, OK 74029		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JONES, JIMMIE ANNE BAC	kmon, Christy	IN.	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				• •
12. I hereby of	certify that the information supplied with this	filing does not qualify for the exe	mptions contained in Chapter 1	19, Florida Statutes. I further certify that the information act as if made under path; that I am an officer or director

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:

MA BLOWN THE DOR PROVIDED HAME OF BIGRING OFFICER OR DIRECTOR

5-15-07 918534916