


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90021 022 ***158.75

DOCUMENT # F07000002441					
1. Entity Name CIR ELECTRIC, INC.					
Principal Place of Business 1021 CITY MARKET STREET HOSCHTON, GA 30548			Mailing Address PO BOX 5 HOSCHTON, GA 30548		
2. Principal Place of Business - No P.O. Box # 935 Hwy 124		3. Mailing Address 935 Hwy 124			
(Suite) Apt. #, etc. 207		(Suite) Apt. #, etc. 207			
City & State Braselton GA		City & State Braselton GA		4. FEI Number 02-0680417	
Zip 30517		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 1203 GONERORS SQUARE BLVD STE 101 TALLAHASSEE, FL 32301-2960			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP STOKES, ROBERT J 1021 CITY MARKET STREET HOSCHTON, GA 30548		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____			1-11-08 770-307-4162		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		