

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # F07000003015



1. Entity Name
EDI ELECTRICAL DESIGNS INCORPORATED

Principal Place of Business
4045 E. MCDOWELL RD., STE. B
PHOENIX, AZ 85008

Mailing Address
4045 E. MCDOWELL RD., STE. B
PHOENIX, AZ 85008



01152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 86-0708231	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SNODGRASS, MICHAEL
109 SEAGULL LANE
SARASOTA, FL 34236

**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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

U000000879843
04/15/08-80037-016 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO BURGETT, MICHAEL R. 15635 N. 19 PLACE PHOENIX, AZ 85022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COCCO, RADAMES O. 4045 E. MCDOWELL RD., STE. B PHOENIX, AZ 85008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SITZLER, JEFFREY W. 4045 E. MCDOWELL RD., STE. B PHOENIX, AZ 85008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/25/08