

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F31441

Entity Name: KELSON ELECTRIC CO.

FILED
Jan 06, 2009
Secretary of State

Current Principal Place of Business:

C/O JAMES E KELSON
906 W MAIN ST BOX 4353
PENSACOLA, FL 32507

New Principal Place of Business:

C/O JAMES E KELSON
906 W MAIN ST
PENSACOLA, FL 32502

Current Mailing Address:

C/O JAMES E KELSON
906 W MAIN ST BOX 4353
PENSACOLA, FL 32507

New Mailing Address:

C/O JAMES E KELSON
PO BOX 4353
PENSACOLA, FL 32507

FEI Number: 59-2046869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELSON, JAMES E
906 W MAIN ST BOX 4353
PENSACOLA, FL 32507 US

Name and Address of New Registered Agent:

KELSON, JAMES E
906 W MAIN ST
PENSACOLA, FL 32502 US

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.

SIGNATURE:

01/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KELSON, LEO D.,
Address: 16751 INNERARITY PT. RD.
City-St-Zip: PENSACOLA, FL 32507

Title: PD () Delete
Name: KELSON, JAMES E,
Address: 906 W MAIN ST
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: KELSON, JAMES E. II,
Address: 239 CHEROKEE TRAIL
City-St-Zip: PENSACOLA, FL 32506

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEO D. KELSON

VP

01/06/2009

Electronic Signature of Signing Officer or Director

Date