

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F35773'**

1. Entity Name

CAREY & KNUTH ELECTRICAL CONTRACTORS, INC.



Principal Place of Business

221 SE 6TH AVENUE  
BOYNTON BEACH, FL 33435 US

Mailing Address

221 SE 6TH AVENUE  
BOYNTON BEACH, FL 33435 US



04172008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-2096165

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CAREY, CHARLES  
92 WEST PLAZA DEL SOL  
ISLAMORADA, FL 33036

**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

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

(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. ☐

**\$5.00** May Be  
Added to Fees

000000920224

05/14/08-80035-013 158.75

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME CAREY, CHARLES E  
STREET ADDRESS 92 W. PLAZA DEL SOL  
CITY-ST-ZIP ISLAMORADA, FL 33036

TITLE ST  
NAME KNUTH, GREGORY  
STREET ADDRESS 9340 CALLIANDRA DRIVE  
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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

Gregory M. Knuth,  
Sec./Treas.

4/22/08

Date

561-733-5600

Daytime Phone #