2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F42038

Entity Name
 ARON ELECTRIC, INC.



FILED
Mar 31, 2008 08:00 Al
Secretary of State

Principal Place of Business

2738-20 AVE NORTH ST PETE, FL 33713 Mailing Address

2738-20 AVE NORTH ST PETE, FL 33713



01112008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2254327

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS & WILLIAMS 6519 CENTRAL AVE ST PETERSBURG, FL 33710 DO NOT WRITE IN THIS SPACE

ö.	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.
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(NOTE: Registered Agent signature required when reinstating)

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 U00000875155 04/11/08-80021-013 150 00

After may 1, 2006 Fee will be \$550.00				
10.	OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VINCIGUERRA, JOHN 2743 20TH AVENUE NORTH SAINT PETERSBURG, FL 33713			
TITLE NAME STREET ADDRESS City-St-zip	D VINCIGUERRA, JOHN JR 6610 ML KING JR ST N SAINT PETERSBURG, FL 33702			
NAME STREET ADDRESS CITY-ST-ZIP	D VINCIGUERRA, DANIEL 5037 12TH AVE,, NORTH ST. PETERSBURG, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS				

DO NOT WRITE

12. I hereby certify that the information supplied with this filling 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 path; 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:

CITY-ST-ZIP

STORE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3.27.2008

727)321.523

Daytime Pn