

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000001289

FILED
Mar 18, 2008
Secretary of State

Entity Name: BECO ELECTRICAL CONTRACTORS, INC.

Current Principal Place of Business:

BOX 2023
HIGH POINT, NC 27261

New Principal Place of Business:

Current Mailing Address:

BOX 2023
HIGH POINT, NC 27261

New Mailing Address:

FEI Number: 56-0754223

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CS () Delete
Name: SAUNDERS, LORRAINE
Address: 2124 SURRETT DR.
City-St-Zip: HIGH POINT, NC 27263

Title: DPT () Delete
Name: SAUNDERS, DAVID
Address: 4226 LUPTON COURT
City-St-Zip: HIGH POINT, NC 27262

Title: D () Delete
Name: SAUNDERS, VICKIE
Address: 2124 SURRETT DR.
City-St-Zip: HIGH POINT, NC 27263

Title: V () Delete
Name: WILLIAMS, JAMES H
Address: 2 WEXFORD CIRCLE
City-St-Zip: THOMASVILLE, NC 27360

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:

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: DAVID L SAUNDERS

DPT

03/18/2008

Electronic Signature of Signing Officer or Director

Date