

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G74052

FILED
Apr 24, 2008
Secretary of State

Entity Name: DAWN ELECTRIC OF JAX, INC.

Current Principal Place of Business:

165-I INDUSTRIAL LOOP S.
ORANGE PARK, FL 32073 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2518
165-1 INDUSTRIAL LOOP SOUTH
ORANGE PARK, FL 320672518 US

New Mailing Address:

FEI Number: 59-2349846 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDAGENT.COM, INC.
1543 KINGSLEY AVE, BLDG 5
ORANGE PARK, FL 32073 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: PD () Delete
Name: WILSON, CLIFFORD D MR
Address: 528 ASH ST
City-St-Zip: ORANGE PARK, FL 32073

Title: STD () Delete
Name: REILEY, MICHAEL C MR
Address: 119 7TH AVE N
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSA (X) Change () Addition
Name: WILSON, JOHN B MR
Address: 165-1 INDUSTRIAL LOOP SOUTH
City-St-Zip: ORANGE PARK, FL 32073

Title: DVP (X) Change () Addition
Name: HATCH, DEVAULT M MR
Address: 165-1 INDUSTRIAL LOOP SOUTH
City-St-Zip: ORANGE PARK, FL 32073

Title: VPSA () Change (X) Addition
Name: WILSON, MATTHEW A MR
Address: 165-1 INDUSTRIAL LOOP SOUTH
City-St-Zip: ORANGE PARK, FL 32073

Title: DSTV () Change (X) Addition
Name: WILSON, KATHRYN E MS
Address: 165-1 INDUSTRIAL LOOP SOUTH
City-St-Zip: ORANGE PARK, FL 32073

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: JOHN B WILSON

PSA

04/24/2008

Electronic Signature of Signing Officer or Director

_____ Date