

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G77409

Entity Name: ADKINS ELECTRIC, INC.

FILED  
Jan 12, 2009  
Secretary of State

## Current Principal Place of Business:

10477 NEW KINGS RD.  
JACKSONVILLE, FL 32219 US

## New Principal Place of Business:

## Current Mailing Address:

10477 NEW KINGS RD.  
JACKSONVILLE, FL 322190311 US

## New Mailing Address:

FEI Number: 59-2353500

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ADKINS, VIRGIL M.  
10477 NEW KINGS RD.  
JACKSONVILLE, FL 32219 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: CEO ( ) Delete  
Name: ADKINS, VIRGIL M.,  
Address: 10477 NEW KINGS RD  
City-St-Zip: JACKSONVILLE, FL 32219

Title: VP ( ) Delete  
Name: DEFEE, ANTHONY,  
Address: 10477 NEW KINGS RD  
City-St-Zip: JACKSONVILLE, FL 32219

Title: CS ( ) Delete  
Name: HASTINGS, CAMIE,  
Address: 10477 NEW KINGS RD  
City-St-Zip: JACKSONVILLE, FL 32219

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PRES (X) Change ( ) Addition  
Name: DEFEE, ANTHONY,  
Address: 10477 NEW KINGS RD  
City-St-Zip: JACKSONVILLE, FL 32219

Title: VP (X) Change ( ) Addition  
Name: HOLMAN, JAMES  
Address: 10477 NEW KINGS RD  
City-St-Zip: JACKSONVILLE, FL 32219

Title: CS ( ) Change (X) Addition  
Name: HASTINGS, CAMIE  
Address: 10477 NEW KINGS RD  
City-St-Zip: JACKSONVILLE, FL 32219

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: CAMIE HASTINGS

CS

01/12/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date