2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 14, 2008 08:00 AM Secretary of State **DOCUMENT # H31962** 1. Entity Name HEDGECOCK ELECTRIC, INC. Principal Place of Business Mailing Address **7684 KIPLING STREET 7684 KIPLING STREET** P.O. BOX 10756 P.O. BOX 10756 PENSACOLA, FL 32534-0756 US PENSACOLA, FL 32524-0756 US CR2E034 (11/05) 01082008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2491388 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE HEDGECOCK, RONALD W. 7415 CAMALE DRIVE PENSACOLA, FL 32504 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE HEDGECOCK, EMILY A. NAME 7415 CAMALE' DRIVE STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL DP TITLE U00000783170 HEDGECOCK, RONALD W. NAME 7415 CAMALE' DRIVE STREET ADDRESS PENSACOLA, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE STREET ADDRESS ĸ CITY-ST-ZIP TITLE NAME `₩ STREET ADDRESS CITY-ST-7IP

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

B SIGNATURE AND TYPED OR SHINTED MANE OF SIGNING OFFICER OR DIRECTOR

January 10, 2008

850-476-7599

Dale

Daytime Phone #

FILED