## 2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # H37282 1. Entity Name COMMERCIAL ELECTRICAL CONTRACTING, INC. Principal Place of Business 2220 1ST AVENUE SOUTH ST PETERSBURG, FL 33712 Mailing Address 2220 1ST AVENUE SOUTH ST PETERSBURG, FL 33712

## FILED Mar 16, 2007 08:00 A Secretary of State

•	e of Business VENUE SOUTH	Mailing Address 2220 1ST AVENUE SOUTH							
ST PETERSB	URG, FL 33712	ST PETERSBURG, FL 33712	•		•				
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D	O NOT WRITE	CE		4. FEI Number 59-2496180		Applied For Not Applicable			
				5. Certificate	of Status Desired	\$8.75 Addition Fee Required	nai		
	6. Name and Address of Current Reg	Istered Agent							
MULLANEY, MICHAEL T. 1710 CRESCENT LAKE DRIVE NO				DO NOT WRITE					
SAINT PETERSBURG, FL 33704			IN THIS SPACE						
				11.4		ACL			
	named entity submits this statement for the tions of registered agent.	purpose of changing its register	ed office or regis	stered agent, or bo	th, in the State of Flor	ida. I am familiar with, and	d accept		
SIGNATURE.	Signeture, typed or printed name of registered agent and \$	te if applicable (NOTE: Registere	d Agent signsture requ	sired when reinstating)		DATE			
	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		5.00 May Be Added to Fees					
10.	OFFICERS AND DIR	ECTORS							
TITLE	DPV		•				]		
NAME	MULLANEY, MICHAEL T						]		
STREET ADDRESS City-St-Zip	1710 CRESCENT LAKE DRIVE NO SAINT PETERSBURG, FL 33704								
TITLE	ST		1						
NAME	MULLANEY, JUANITA								
STREET ADDRESS	1710 CRESCENT LAKE DRIVE NO				U00000	669504			
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704					80073-019 158.	. 75		
TITLE							ì		

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 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.

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CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
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TITLE

NAME STREET ADDRESS CITY-ST-ZIP

MAYORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR ORECTOR

MICHOE

MULICIPEY

3/14/0-

DO NOT WRITE

IN THIS SPACE

727-328-1700

Daytime Phone #