2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H37692

Entity Name: MONTOYA ELECTRIC SERVICE, INC.

FILED Feb 04, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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5604 COMMERCIAL BLVD WINTER HAVEN, FL 33880

Current Mailing Address: New Mailing Address:

PO BOX 948 AUBURNDALE, FL 33823

FEI Number: 59-2479118 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COX, TRICIA M 106 ILLINOIS AVE AUBURNDALE, FL 33823 US

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.

City-St-Zip:

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: COB () Delete Title: (X) Change () Addition MONTOYA, THOMAS B., MONTOYA, THOMAS B., Name: Name: Address:

P.O BOX 632 N/A P.O BOX 632 N/A Address: MORA, NM 87732 MORA, NM City-St-Zip:

Title: SOB Title: SOB () Delete (X) Change () Addition Name: MONTOYA, JACQUELINE, T. Name: MONTOYA, JACQUELINE, T.

P.O BOX 632 N/A Address: P.O BOX 632 N/A Address: City-St-Zip: MORA, NM City-St-Zip: MORA, NM 87732

Title: **PCEO** Title: (X) Change () Addition () Delete **PCFO**

COX, CHRISTOPHER A COX, CHRISTOPHER A Name: Name: 106 ILLINOIS AVE 106 ILLINOIS AVE Address: Address: City-St-Zip: AUBURNDALE, FL City-St-Zip: AUBURNDALE, FL 33823

Title: () Delete Title: ST (X) Change () Addition COX, TRICIA M. COX, TRICIA M.

Name: Name: Address: 106 ILLINOIS AVE Address: 106 ILLINOIS AVE City-St-Zip: AUBURNDALE, FL City-St-Zip: AUBURNDALE, FL 33823

Title: Title: (X) Change () Addition () Delete

PEARCE, GARY N Name: Name: PEARCE, GARY N 5212 DAVID STREET Address: 3956 TALON CREST DRIVE Address: City-St-Zip: LAKELAND, FL City-St-Zip: LAKELAND, FL 33813

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: TRICIA M. COX ST 02/04/2008