

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90036 044 ***150.00

DOCUMENT # H44407

1. Entity Name

ALL-PHASE ELECTRIC OF ALACHUA COUNTY, INC.



Principal Place of Business

4026 NW 243 AVE
ALACHUA FL 32615

Mailing Address

PO BOX 429
LACROSSE FL 32658

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

4026 NW 243 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Alachua FL

Zip

Country

Zip

Country

32615

USA

4. FEI Number

59-2495147

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIMS, ROBERT E.
4026 NW 243 AVE
ALACHUA FL 32615

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(Signature, typed or printed name of registered agent and state if applicable.)

(NOTE: Registered Agent signature required when combining)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MIMS, ROBERT E.
STREET ADDRESS 4026 NW 243 AVE
CITY-ST-ZIP ALACHUA FL 32615

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert E. Mims

Date

4/10/08

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352-339-6466