

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # H59131

1. Entity Name
UNITED ELECTRICAL CONTRACTORS, INC.



Principal Place of Business

**1428 E. SEMORAN BLVD
SUITE 112
APOPKA, FL 32703 US**

Mailing Address

**PO BOX 729
APOPKA, FL 32704**



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2544303

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GIFFORD, PAUL E
1428 E SEMORAN BLVD
APOPKA, FL 32703**

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000600781
01/26/07-80025-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GIFFORD, PAUL E
STREET ADDRESS	1428 E. SEMORAN BLVD SUITE 112
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	VP
NAME	RUSSELL, RICHARD H
STREET ADDRESS	1428 E. SEMORAN BLVD SUITE 112
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	VPTS
NAME	GIFFORD, THOMAS A
STREET ADDRESS	1428 E. SEMORAN BLVD, SUITE 112
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 my address, with all other like empowered.

SIGNATURE: _____

Paul E. Gifford

01/22/07 **407-886-3813**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #