

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90044 041 \*\*\*150.00

DOCUMENT # H75651

1. Entity Name

PHOENIX ELECTRIC COMPANY, INC.



Principal Place of Business

C/O JOHN MCDADE  
1100 SURF ROAD, APT. 105  
RIVIERA BEACH FL 33404

Mailing Address

C/O JOHN MCDADE  
1100 SURF ROAD, APT. 105  
RIVIERA BEACH FL 33404



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number

59-2578004

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CALDWELL, MANLEY P., JR.  
324 ROYAL PALM WAY  
P. O. BOX 2775  
PALM BEACH FL 33480

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 title if applicable.

(NOTE: Registered Agent's signature required when reconstituting)

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          | D                        | <input type="checkbox"/> Delete            |
| NAME           | MCDADE, JOHN             |  |
| STREET ADDRESS | 1100 SURF ROAD, APT. 105 |  |
| CITY-ST-ZIP    | RIVIERA BEACH FL 33404   |  |
| TITLE          | D                        | <input type="checkbox"/> Delete            |
| NAME           | MCDADE, DORIS E.         |  |
| STREET ADDRESS | 1100 SURF ROAD, APT. 105 |  |
| CITY-ST-ZIP    | RIVIERA BEACH FL 33404   |  |
| TITLE          | DS                       | <input type="checkbox"/> Delete            |
| NAME           | CALDWELL, MANLEY P., JR. |  |
| STREET ADDRESS | 324 ROYAL PALM WAY       |  |
| CITY-ST-ZIP    | PALM BEACH FL            |  |
| TITLE          | D                        | <input checked="" type="checkbox"/> Delete |
| NAME           | CLARK, TODD A            |  |
| STREET ADDRESS | 3132 BUCKLEY AVENUE      |  |
| CITY-ST-ZIP    | LAKE WORTH FL 33461      |  |
| TITLE          |                          | <input type="checkbox"/> Delete            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input type="checkbox"/> Delete            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                            |  |
|----------------|----------------------------|--|
| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |
| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |
| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |
| TITLE          | D                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | M. SAYEED ISMAIL           |  |
| STREET ADDRESS | 12610 57TH ROAD N.         |  |
| CITY-ST-ZIP    | ROYAL PALM BEACH, FL 33411 |  |
| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |
| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> 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: *John McDADE* JOHN MCDADE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/08 (561) 863-5258