2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 29, 2007 08:00 AM **DOCUMENT # H79380 Secretary of State** STEVE'S ELECTRIC, INC. Principal Place of Business Mailing Address % GERALD STEPHEN SMITH % GERALD STEPHEN SMITH 116 TERRACE DR 116 TERRACE DR HAINES CITY, FL 33844 HAINES CITY, FL 33844 CR2E034 (11/05) 01242007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2594138 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SMITH, GERALD STEPHEN DO NOT WRITE 116 TERRACE DR HAINES CITY, FL 33844 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, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE U00000606517 30/07-80081-015 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS THE SMITH, GERALD STEPHEN STREET ADDRESS 116 TERRACE DR HAINES CITY, FL CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. Thereby 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 his 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 applicates, and that my name appears in Block 10 or Block 11 if

SIGNATURE: _

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF BIGMING OFFICER OR DIRECTOR

FILED