


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2007 08:00 AM
Secretary of State

| | |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # H82804 |  |
| 1. Entity Name ALSPACH CONSTRUCTION AND ELECTRIC COMPANY, INC. | |

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|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Principal Place of Business 4020 W CAYUGA ST STE 240 TAMPA FL 33614 US | Mailing Address 4020 W CAYUGA ST STE 240 TAMPA FL 33614 US |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|



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|------------------------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

1st MOORE CR2E034 (10/06)

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------|
| 4. FEI Number 59-2604160 | | Applied For |
| | | Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent ALSPACH, BARRY 3420 W. DEBAZAN AVENUE ST. PETERSBURG FL 33706 | | 7. Name and Address of New Registered Agent |
| | | 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 signature required when re-registering.) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP ALSPACH, BARRY 3420 W DEBAZAN AVE ST PETERSBURG FL 33706 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition U00000653075 03/13/07-80006-003 150.00 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DS ALSPACH, MARLENE A. 3420 W DEBAZAN AVE ST PETERSBURG FL 33706 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Barry Alspach* **Barry Alspach** 2-27-07 (813) 354-2530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #