2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2008 8:00 am
Secretary of State
03-17-2008 90017 013 ***150.00

DOCUMENT # J45258

1. Entity Name

CAMPBELL'S ELECTRIC, INC.

Principal Place of Business	Mailing Address
C/O TERRY S. CAMPBELL 1399 - 49 AVENUE NE ST. PETERSBURG FL 33703	C/O TERRY S. CAMPBELL 1399 - 49 AVENUE NE ST. PETERSBURG FL 33703

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6815 MT. ORANGE DR. N.E.	685 MT. ORANGE DR. N.E.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST. Pete FL,	City & State: ST. Pete FL,
Zip: 33702 Country: Pinellas	Zip: 33702 Country: Pinellas

4. FEI Number 59-2746039 ☐ 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
CAMPBELL, TERRY S. 1399 - 49 AVENUE NE ST. PETERSBURG FL 33703	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 Terry S Campbell Pres. [signature] 3/7/08

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, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CAMPBELL, TERRY S.		NAME	
STREET ADDRESS	1399 - 49 AVENUE NE		STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL		CITY-ST-ZIP	
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CAMPBELL, LINDA S.		NAME	
STREET ADDRESS	1399 - 49 AVENUE NE		STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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] Terry S Campbell 3/7/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #