

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # J73953

1. Entity Name
W. POST ELECTRIC, INC.



**FILED
Apr 25, 2008 8:00 am
Secretary of State**

04-25-2008 90161 001 ***300.00

00001000



03262008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2812480	Applied For
	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

POST, WAYNE A.
175 MIAMI AVENUE
INDIALANTIC, FL 32903

**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 remitting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	POST, WAYNE A.
STREET ADDRESS	175 MIAMI AVE
CITY-ST-ZIP	INDIALANTIC, FL

TITLE	D
NAME	POST, WAYNE A.
STREET ADDRESS	175 MIAMI AVE
CITY-ST-ZIP	INDIALANTIC, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/08

772-473-8897

Date

Daytime Phone #

**DO NOT WRITE
IN THIS SPACE**