2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2008
Secretary of State

DOCUMENT# J76640

Entity Name: GARRISON ELECTRICAL CONSULTANTS, INC.

Current Principal Place of Business:

4826 S US 1
FT. PIERCE, FL 34982 US

New Principal Place of Business:

4830 S US 1
FT. PIERCE, FL 34982 US

Current Mailing Address:

4826 S US1
FT. PIERCE, FL 34982 US

New Mailing Address:

4830 S US1
FT. PIERCE, FL 34982 US

FEI Number: 59-2805147 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARRISON, VICKI
6106 SUNSET BLVD
FT. PIERCE, FL 34982 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete
Name: GARRISON, VIKKI D
Address: 6106 SUNSET BLVD
City-St-Zip: FT. PIERCE, FL 34982

Title: V ( ) Delete
Name: SVOBODA, ERIC
Address: 174 SW GRIMALDO TERRACE
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: T (X) Delete
Name: WILDSCHUETZ, HARVEY
Address: 1739 KELSO AVE
City-St-Zip: LAKE WORTH, FL 33460

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition
Name: GARRISON, VICKKI D
Address: 6106 SUNSET BLVD
City-St-Zip: FT. PIERCE, FL 34982

Title: VT (X) Change ( ) Addition
Name: GARRISON, ZACHARY
Address: 5410 SEAGRAPE
City-St-Zip: FORT PIERCE, FL 34982

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIKKI GARRISON DPS 04/27/2008

Electronic Signature of Signing Officer or Director Date