2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 07, 2007 08:00 All Secretary of State DOCUMENT # K96018 1. Entity Namo ALL ELECTRIC OF SARASOTA, INC. Principal Place of Business Mailing Address 6017 OLD RANCH ROAD 6017 OLD RANCH ROAD SARASOTA FL 34241 SARASOTA FL 34241 2. Principal Place of Business · No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) Applied For City & State City & State FEI Number 65-0129080 Not Applicable Zip Country Ζıρ Country \$8.75 Additional 5. Cortificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRENNAN, JAMES D. Street Address (P.O. Box Number is Not Acceptable) 6017 OLD RANCH ROAD SARASOTA FL 34241 City 8. The above named entity submits this statement for the purpose of changing its registered effice 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 r applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. 1011 ☐ Change ☐ Addition ШП Defete BRENNAN, JAMES D. NAMI NAMI 6017 OLD RANCH ROAD STREET ADDRESS STREET ADDRESS SARASOTA FL CHY-SI-7IP CHY-SI-7IP ☐ Change Addition DHI ☐ Delete nm NAM NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SE-ZIP 17 158.75 ☐ Delete DILL ☐ Change ☐ Addition 11111 NAM NAMI STREET ADDRESS STREET ADDRESS CHY-SI-70 CITY-SI-7P Change ☐ Addition min ☐ Defete Imi NAM NAMI STREET ADDRESS STREET ADDRESS CHY-S1-ZIP CHY-SI-ZIP Change □ Addilion ☐ Defete TIFLE HITE NAMI NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TUTE ☐ Delete HILL NAMI NAMI STREET ADDRESS STREET ADDRESS CHY-SI-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 eath, 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: PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dele Dayling Phone & Dayling Phone &