

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L36485

FILED
Jul 30, 2007
Secretary of State

Entity Name: DON CANNON ELECTRIC, INC.

Current Principal Place of Business:

21660 GLADES CUTOFF RD
PORT SAINT LUCIE, FL 34987

New Principal Place of Business:

Current Mailing Address:

21660 GLADES CUTOFF RD
PORT SAINT LUCIE, FL 34987

New Mailing Address:

FEI Number: 65-0166919

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILLIPS, KENDALL J
THE BOSTON HOUSE
239S INDIAN RIVER DR
FT PIERCE, FL 34950 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CANNON, DONALD JOSEP, H
Address: 21660 GLADES CUT OFF ROAD
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: VD () Delete
Name: FOSTER, ARTHUR DOUGL, ASS
Address: 734 DELAWARE AVE.
City-St-Zip: FT PIERCE FL,

Title: ST () Delete
Name: CANNON, RITA
Address: 21660 GLADES CUT OFF ROAD
City-St-Zip: PORT SAINT LUCIE, FL 34987

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: DON CANNON

PD

07/30/2007

Electronic Signature of Signing Officer or Director

_____ Date