


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90065 001 ***600.00

DOCUMENT # L41779
 1. Entity Name
ALDAN ELECTRIC SUPPLY, INC. OF TAMPA



Principal Place of Business Mailing Address
4902 N HOWARD AVE **734 BROOKHAVEN DR**
TAMPA, FL 33603 US **ORLANDO, FL 32803 US**

DO NOT WRITE IN THIS SPACE

66000377



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2984800	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PHALIN, LAWRENCE J
 225 E ROBINSON ST #600
 ORLANDO, FL 32802

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 _____ (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, DAN 731 BROOK AVE N DR ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, ANN N 6500 LAKE EMMA RD GROVELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, BEN 6500 LAKE EMMA RD GROVELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Ann Williams* 1/8/08 407-896-7761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #