### 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # L44522**

1. Entity Name

INNERLIGHT ELECTRICAL CONTRACTORS OF FLORIDA, INC.



Principal Place of Business

27103 NW 46TH AVE. NEWBERRY, FL 32669

U\$

Mailing Address

27103 NW 46TH AVE NEWBERRY, FL 32669

US

# **FILED** Jan 23, 2008 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

01132008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0169593 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLATEAU, JAMES M. JR 27103 NW 46TH AVE NEWBERRY, FL 32669			DO NOT WRITE IN THIS SPACE		
the obligat	named entity submits this statement for the pions of registered agent.			egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fina     Trust Fund Contribution		\$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIRECT PVST FLATEAU, JAMES M. JR 27103 NW 46TH AVE NEWBERRY, FL PVST	TORS			U00000792498 01/24/08-80007-024 150.00
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	FLATEAU, JR, JAMES M 27103 NW 46TH AVE NEWBERRY, FL			DO	01/24/08-80007-024 150.00  NOT WRITE
TITLE			1	IN .	THIS SPACE

U00000792498 01/24/08-80007-025 8.75

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 prostee 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: Y

STREET ADDRESS CITY-ST-ZIP TITLE NAME

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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