## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L63644

Entity Name: FLORIDA WIRE & RIGGING SUPPLY, INC.

FILED Feb 22, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

3320 VINELAND RD SUITE E

ORLANDO, FL 32811

**New Mailing Address: Current Mailing Address:** 

P.O. BOX 180127 CASSLBERRY, FL 327180127 US

FEI Number: 59-2999274 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WORSWICK, RONALD J WORSWICK, DOUGLAS J 310 MELODÝ LANE 1212 N. PARK AVE.

WINTER PARK, FL 32790 CASSELBERRY, FL 32707 US US

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: DOUGLAS J WORSWICK 02/22/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

Name:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

CEOD ( ) Delete Title: (X) Change ( ) Addition WORSWICK, RONALD J WORSWICK, DOUGLAS J Name: 1212 N PARK AVE 1625 GOLFSIDE DRIVE Address:

Address: City-St-Zip: WINTER PARK, FL 32790 City-St-Zip: WINTER PARK, FL 32792

V/D Title: Title: P/D (X) Change ( ) Addition () Delete Name: WORSWICK, DOUGLAS J Name: WORSWICK, DENNIS J 1625 GOLFSIDE DRIVE 1881 BLUE RIDGE ROAD Address: Address: WINTER PARK, FL 32792 WINTER PARK, FL 32789 City-St-Zip: City-St-Zip:

Title: Title: (X) Change ( ) Addition V/D ( ) Delete V/D WORSWICK, DENNIS E PARKERSON, NICOLE R Name: Name: 1881 BLUE RIDGE ROAD 1129 PENNSYLVANIA AVENUE Address: Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: WINTER PARK, FL 32789

Title: ( ) Delete Title: V/D (X) Change ( ) Addition GAHNZ, CONNIE B WORSWICK, ÉRIC J Name: Name:

Address: 1025 PINE SHADOW DR Address: 12015 HIDDEN LINKS DRIVE City-St-Zip: City-St-Zip: APOPKA, FL 32712 FORT MYERS, FL 33913

I hereby certify that the information supplied with this filing does not qualify for the 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: CONNIE B GAHNZ V/ST 02/22/2007