FILED Jan 31, 2008 8:00 am Secretary of State

 2008	 PROFIT NNUAL	 PORATIO RT	N
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	ANNUAL	REPURI			<u> </u>	`		ing on \sim	att
1. Entity Nam	MENT # L63920 ETRICAL CO., INC.					ŧ.	01-31-2008	90019 019 ***15	50.00
						40013	u -		
Principal Place		Mailing Address			do.				
760 EVERGLA		760 EVERGLADES BLVD S							
NAPLES, FL 34117 US		NAPLES, FL 34117 US			•				
					• ′		DERE HUG HEIT HEN ESH	8(\$) 8:8 : 8 8 8(\$) 8(\$)	
2 Oringinal D	lace of Business - No P.O. Box #	2 Mailing Address							
Z. Principai Pi	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt.	# ata	Suite, Apt. #, etc.							
otilo, Apt.	<i>n</i> , c.c.	Suite, Apt. #, etc.			01282008	Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Number		Ai	oplied For		
City & State		Only & State				65-0220		 	ol Applicable
Zip	Country	Zip	Coun	try				\$8.75	
				3		5. Certificate of	f Status Desired	Fee Require	ed
	6. Name and Address of Current	Registered Agent	!	i		7. Name and	Address of New R	egistered Agent	
				Name					
DASS, JAV	WED						e- & - h		
151 25TH	AVE. NW			Street Ad	idress (P.O. Box Number	ris Not Acceptable) ANG 0	2~
NAPLES, F	FL 34120			<u> </u>		PEGIN		7 42 K 12 1	
)					
				City	١ ـ			FL Zip Coo	ie _
						5 r Er			
	named entity submits this statement fi ions of registered agent.	or the purpose of changing its	register	ed office or	register	ed agent, or both	n, in the State of Flo	orida. I am familiar with.	and accept
the dongar	/ registered agent.								
SIGNATURE	~ 								
	Signature, typed or printed name of registered agen	is and title if applicable. (NCT	E Registere	d Agent signatu	te required	i when rainstating)	<u> </u>	DATE	_
								-	
FIL	E NOW!!! FEE IS \$150.00	9. Election Campa	-			.00 May Be			
After Ma	ay 1, 2008 Fee will be \$550	.00 Trust Fund Coni	Iribution.		Add	ed to Fees			
10.	OFFICERS AND	DIRECTORS	11,			ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11
TITLE	PS	Delete	TITL	F .		7.00.107.0		☐ Change	Addition
NAME	DASS, JAWED	CTT Dérété	NAM					Shango	Addition
STREET ADDRESS	151 25TH AVE NW			ET ADDRESS					
CITY-ST-ZIP	NAPLES, FL 34120			-ST-ZIP					
TITLE	VP	Delete	TIFLE		_ K	357		Change	Addition
NAME	JOSEPH, ASHBIL	□ Delete	NAM		• 0	, 2 ,		(E) Change	[_] Addition
STREET ADDRESS	151 25TH AVE NW			ET ADDRESS					
CITY-ST-ZIP	NAPLES, FL 34120		1	- ST - Z!P					
	 		-1						
TITLE	TREA DASS, JULIE	☐ Delete	TITL					Change	Addition
NAME STREET ADDRESS	151 25TH AVE NW		NAM						
CITY-ST-ZIP	NAPLES, FL 34120			ET ADDRESS ST-ZiP			•		
						·	···-		
TITLE		☐ Delete	titu					Change	Addition
NAME STREET ADDRESS			NAM						
CITY-ST-ZIP				ET ADDRESS - S1 - Z P					
			Ciil	.21.4.					
TITLE		☐ Delete	TITU					☐ Change	Addition
NAME			NAM						
STREET ADDRESS	1			ET ADDRESS					
CITY-S1-ZIP				'- ST - ZIP					
TITLE		☐ Delete	ווונ					Change	Addition
NAME			NAM						
STREET ADDRESS				EET ADORESS					
CHY-SI-ZIP	l		CHY	- \$1 - ZIP					
12. I hereby	certify that the information supplied wi	th this filing does not qualify for	or the ex	emptions co	ontained	d in Chapter 119	Florida Statutes.	further certify that the	information
of the cor	on this report or supplemental report poration or the receiver or trustee emp	powered to execute this report	t as requi	iture snati hi ired by Cha	ave ine pler 60:	same legai elleci 7. Florida Statute:	i as if made under s; and that my nam	oaur; mat i am an office le appears in Block 10 d	r or airector or Block 11 if
changed	or on an attachment with an address	. with all other like empowered	1.	-			•	•	
010111	/ ./ XJ./ `(/ ,	CON AN				,	28-08	i.	
SIGNAT		John Mary				<u> </u>	213-00		
	SIGNATURE AND TYPED OF	PRINTED NAME OF SIGNING OFFICER	OR DIREC	IUR			Date	Dayrime Phone #	