

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# L64488

Entity Name: W.L.M. ELECTRIC, INC.

FILED
Sep 08, 2009
Secretary of State

Current Principal Place of Business:

561 FLAGLER AVE
POMPANO BEACH, FL 33060 US

New Principal Place of Business:

Current Mailing Address:

561 FLAGLER AVE
POMPANO BEACH, FL 33060 US

New Mailing Address:

FEI Number: 65-0204754 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOWERY, WILLIAM L. SR
640 SE 10TH STREET
POMPANO BCH., FL 33060 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COLLINS, BETTE LUBIC
Address: 1424 N.E. 25TH COURT
City-St-Zip: POMPANO BCH., FL 33064

Title: D () Delete
Name: MOWERY, WILLIAM L. SR.
Address: 640 S.E. 10TH STREET
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: MOWERY, WILLIAM L. SR.
Address: 640 S.E. 10TH STREET
City-St-Zip: POMPANO BEACH, FL 33060

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: BETTE LUBIC COLLINS

P

09/08/2009

Electronic Signature of Signing Officer or Director

_____ Date