
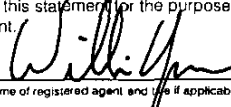
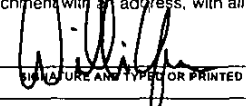


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90040 035 ***150.00

DOCUMENT # L96667					
1. Entity Name ENGLEWOOD ELECTRIC, INC.					
Principal Place of Business 7341 SAWYER CIRCLE PORT CHARLOTTE, FL 33981			Mailing Address 7341 SAWYER CIRCLE PORT CHARLOTTE, FL 33981		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		.03072008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 59-2061489	
				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			7. Name and Address of New Registered Agent		
DICKINSON, ROBERT A. 460 S. INDIANA AVENUE ENGLEWOOD, FL 34223			Name WILLIAM YAGER Street Address (P.O. Box Number is Not Acceptable) 7341 SAWYER CIRCLE City PORT CHARLOTTE FL Zip Code 33981		
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 			DATE 3-7-08		
Signature, typed or printed name of registered agent and Title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTS <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	YAGER, DONALD G.	NAME			
STREET ADDRESS	7341 SAWYER CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	PORT CHARLOTTE, FL 33981	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	YAGER, RANDAL G	NAME			
STREET ADDRESS	210 BOUNDRY LN	STREET ADDRESS			
CITY-ST-ZIP	ROTONDA WEST, FL 33947	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	YAGER, WILLIAM A	NAME			
STREET ADDRESS	65 BROADMOOR LN	STREET ADDRESS			
CITY-ST-ZIP	ROTONDA WEST, FL 33947	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	YAGER, DENNIS G	NAME			
STREET ADDRESS	251 DEARBORN ST E	STREET ADDRESS			
CITY-ST-ZIP	ENGLEWOOD, FL 34223	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 			WILLIAM YAGER		Date 3-7-08 Daytime Phone # (941) 698-9799
Signature and typed or printed name of signing officer or director					