


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # M68868 1. Entity Name DECONTE ELECTRIC, INC.	
--	---

Principal Place of Business 866 SE 47 ST CAPE CORAL, FL 33904 US	Mailing Address 866 SE 47 ST CAPE CORAL, FL 33904 US
--	--



02032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0032017	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DECONTE, TONEY 2548 SE 21ST AVENUE CAPE CORAL, FL 33904	DO NOT WRITE IN THIS SPACE
--	---------------------------------------

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		DO NOT WRITE IN THIS SPACE 000000646052 03/06/07-80014-015 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT DECONTE, TONEY 2548 SE 21ST AVE. CAPE CORAL, FL 33904	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS DECONTE, DEBORAH 2548 SE 21ST AVE. CAPE CORAL, FL 33904	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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: Toney DeConte **TONEY DECONTE** 2-21-07 239-549-3004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #