## 2007 FOR PROFIT CORPORATION

## **FILED ANNUAL REPORT** Mar 19, 2007 08:00 AM **DOCUMENT # P00000033774 Secretary of State** HEAD ELECTRIC OF LIVE OAK, INC. Principal Place of Business Mailing Address 9185 48TH ST. P.O. BOX 1132 LIVE OAK, FL 32064 LIVE OAK, FL 32064-0350 CR2E034 (11/05) 03142007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3650328 Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 5. Name and Address of Current Registered Agent HEAD, JAMES DO NOT WRITE 9185 48TH ST. LIVE OAK, FL 31064-0350 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. DATE (NOTE: Replictered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Bo FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DPST TITLE HEAD, JAMES STREET ADDRESS P.O. BOX 1132 CITY-ST-ZIP LIVE OAK, FL 320640350 U00000671157 03/28/07-80017-007 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

d with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information port 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 ampowerer to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if I hereby certify that the information suppli indicated on this report or supplemental r of the corporation or the recei

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS