2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT (AR) Feb 11, 2008 8:00 am DOCUMENT # P00000057730 **Secretary of State** 1. Entity Name 02-11-2008 90043 025 ***150.00 G & G ELECTRIC, INC. Principal Place of Business Mailing Address 3126 REYNOLDS RD 3126 REYNOLDS RD **UNIT 7&8** UNIT 798 LAKELAND FL 33803 LAKELAND FL 33803 CR2E034 (10/07) 1st MOORE 4. FEI Number Applied For 59-3668261 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CRUICKSHANK, GEORGE R Street Address (P.O. Box Number is Not Acceptable) 5864 LAKE VICTORIA DRIVE LAKELAND FL 33813 Zip Code 8. The above named entity submits this state ment 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. (NOTE: Registered Agent algination required when reinstating) FILE NOW!!! FBE \$ \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florid Department of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. DEFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change ■ Addition NAME CRUICKSHANK, GEORGE R NAME STREET ADDRESS 3126 REYNOLDS RD. UNIT 798 STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33008 CITY-ST-ZIP TITLE > TS ☐ Delete ППЕ ☐ Change Addition CRUICKSHANK, CALE A NAME NAME STREET ADDRESS 3126 REYNOLDS, RD. UNIT 798 STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33803 CITY-\$1-ZIP TITLE ☐ Delete Change ☐ Addition NAME SCHMIDKE, CORBIN C NAME STREET ADORESS 3126 REYNOLDS RD. UNIT 798 STRÉÉT ADORESS CITY-ST-ZIP LAKELAND FL 33803 CITY-ST-ZIP TIBLE ☐ Dalete TITLE ☐ Change Addition HAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TIT: F ☐ Delete TITLE ☐ Change 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 Section 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:

SIGNATURE AND PED OR PRINTED NAME OF

31-08 863-665-5400