## 2008 FOR PROFIT CORPORATION

## Feb 06, 2008 08:00 Al Secretary of State ANNUAL REPORT DOCUMENT # P01000009745 ACCURATE ELECTRICAL CONTRACTING, INC. Principal Place of Business . . 7300 GULLOTTI PLACE 🔒 🐾 🤭 7300 GULLOTTI PLACE PORT ST LUCIE, FL 34952 PORT ST LUCIE, FL 34952 No Chg-P CR2E034 (11/05) 01092008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 26-0033912 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ENGELMANN, ARTHUR DO NOT WRITE 7300 GULLOTTI PLACE PORT ST LUCIE, FL 34952 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE ENGELMANN, ARTHUR NAME STREET ADDRESS 7300 GULLOTTI PLACE CITY-ST-ZIP PORT ST LUCIE, FL 34952 TITLE 000000817817 02/15/08-80016-008 150.00 NAME STREET ADDRESS CITY-ST- &P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE 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 receivery 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

er like empowered

TED NAME OF SIGNING OFFICER OR DIRECTOR

of the corporation or the receiver changed, or on an attachment y

SIGNATURE AND TYPED OR F

SIGNATURE:

Date

**FILED**