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	2007 FOR PROFIT ANNUAL	CORPORATIO REPORT	N	, .	Apr 05	5, 2007 08:00
DOCU	MENT # P010000123]	Sec	retary of Sta	
Entity Name ALL SERVICE ELECTRIC OF BREVARD, INC.						
3100 HALO		Mailing Address 3100 HALOCK RD		,		
MELBOURNE	E, FL 32935	MELBOURNE, FL 32935			IBJOT (JOH) BOH) COM SOM DA	ZI III II DOSS INCO ING ISSIGNI II ISSI
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_	O NOT WRITE	IN THE COA	ОГ	01032007	Nó Chg-P	CR2E034 (11/05)
DO NOT WRITE II		IN THIS SPA	CE	4. FEI Number 59-3693		Applied For Not Applicable
		· · · · · · · · · · · · · · · · · · ·	* *, *	5. Certificate of	of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent				
3100 HAR	CHARLES S PLOCK RD RNE, FL 32935			NOT WR HIS SPA		
8. The above	named entity submits this statement for the	e purpose of changing its register	red office or register	red agent, or both	, in the State of Florida	a. I am familiar with, and accept
SIGNATURE						
	Signature, typed or printed name of registered agent and	itie il applicable. (NOTE: Registeri	ad Agent signature required	d when reinstating)		DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		.00 May Be led to Fees		
10.	OFFICERS AND DIF	RECTORS	1.			
TITLE NAME	D MILLER, CHARLES S					
STREET ADDRESS	3100 HARLOCK RD.	•				
CITY-ST-ZIP	MELBOURNE, FL 32935					
TITLE					U0000069	91554
NAME STREET ADDRESS		•			04/13/07-80	0015-013 150.00
CITY-SI-ZIP		•				
711125 —			- .	•		
NAME STREET ADDRESS						,
CITY-ST-ZIP				DO	NOT WR	ITE
TITLE				INCT	HIS SPA	CE
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STREET ADDRESS CITY-ST-ZIP			1			
TITLE				. , .		
NAME				,		
STREET ADDRESS		•				
CITY-ST-ZIP						
TITLE NAME			1			

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.

STREET ADDRESS CITY-ST-ZiP

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #