2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 09, 2008 08:00 A Secretary of State DOCUMENT # P01000046462 FULLER ELECTRICAL CONTRACTORS, INC. Principal Place of Business Mailing Address 107 DUNBAR AVE 107 DUNBAR AVE SUITE L SUITE L OLDSMAR, FL 34677 OLDSMAR, FL 34677 03062008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3717208 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent **FULLER, JEFFREY E** DO NOT WRITE 107 DUNBAR AVE SUITE L IN THIS SPACE OLDSMAR, FL 34677 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 9. Election Campaign Financing \$5.00 May Be U00000887525 04/21/08-80023-022 150.00 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 NAME FULLER, JEFFREY E STREET ADDRESS 107 DUNBAR AVE CITY-ST-ZIP OLDSMAR, FL 34677 TITLE NAME Pd CK# 3351 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP 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: _ X

RINTED NAME OF SIGNING OFFICER OR DIRECTOR:

FILED