


**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

4000000000

<b>DOCUMENT # P02000027242</b>				01-24-2008 90037 042 ***150.00	
1. Entity Name <b>ELECTRICAL CONSULTANTS OF HILLSBOROUGH, INC.</b>					
Principal Place of Business <b>612 HICKORY LAKE DR BRANDON, FL 33511</b>		Mailing Address <b>809 EAST BLOOMINGDALE AVE., #244 BRANDON, FL 33511</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>612 Hickory Lake Dr</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>BRANDON FL</b>			
Zip		Zip <b>33511</b>		Country <b>US</b>	
Country					
01222008		Chg-P		CR2E034 (12/06)	
4. FEI Number <b>03-0398138</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
HAYDEN, JOE 612 HICKORY LAKE DR BRANDON, FL 33511		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAYDEN, JOE 809 EAST BLOOMINGDALE AVE., #244 BRANDON, FL 33511	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <b>Joseph Hayden</b>		<b>Joseph Hayden President</b>		<b>1-22-08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	