

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90098 028 \*\*\*150.00

<b>DOCUMENT # P02000077917</b> 1. Entity Name <b>CHUCK'S ELECTRIC, INC.</b>			
Principal Place of Business <del>3330 NE 32ND STREET</del> <del>FORT LAUDERDALE, FL 33308</del>		Mailing Address <del>3330 NE 32ND STREET</del> <del>FORT LAUDERDALE, FL 33308</del>	
2. Principal Place of Business - No P.O. Box # <b>1290 N. RIDGE BLVD.</b>		3. Mailing Address Suite, Apt. #, etc. <b>(same)</b>	
Suite, Apt. #, etc. <b># 2721</b>		City & State <b>CLERMONT, FL</b>	
City & State <b>CLERMONT, FL</b>		4. FEI Number <b>54-2064579</b>	
Zip <b>34711</b> Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BROOKS, CHARLES A</b> <del>3015 N OCEAN BLVD, #14-J</del> <del>FORT LAUDERDALE, FL 33308</del>		7. Name and Address of New Registered Agent Name <b>BROOKS, CHARLES A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1290 N. RIDGE BLVD. # 2721</b> City <b>CLERMONT</b> <b>FL</b> Zip Code <b>34711</b>	
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 <b>X</b> <u>Charles A. Brooks</u> <b>X</b> <u>3/10/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME PVD BROOKS, CHARLES A STREET ADDRESS 3015 N OCEAN BLVD #14-J CITY-ST-ZIP FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete	TITLE NAME PVD BROOKS, CHARLES A. STREET ADDRESS 1290 N. RIDGE BLVD, #2721 CITY-ST-ZIP CLERMONT, FL 34711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME TS BROOKS, CHARLES A STREET ADDRESS 3015 N OCEAN BLVD #14-J CITY-ST-ZIP FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete	TITLE NAME TS BROOKS, CHARLES A. STREET ADDRESS 1290 N. RIDGE BLVD, #2721 CITY-ST-ZIP CLERMONT, FL 34711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> 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"/> Delete	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>X</b> <u>Charles A. Brooks</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>X</b> <u>3/10/07</u> <b>352-227-473</b> <small>Date Daytime Phone #</small>	
<b>CHARLES A. BROOKS, PRESIDENT</b>			