

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000098098

1. Entity Name
SUNBELT ELECTRICAL SALES, INC.



Principal Place of Business
6213 ANDREOZZI LANE
WINDERMERE, FL 34786

Mailing Address
6213 ANDREOZZI LANE
SUITE 210
WINDERMERE, FL 34786

FILED
Feb 06, 2008 08:00 AM
Secretary of State



01162008 No Chg-P CR2E034 (11/05)

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4. FEI Number 59-0429264	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BAUR, GAIL L
6213 ANDREOZZI LANE
WINDERMERE, FL 34786

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable

(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 ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAUR, GAIL L 6213 ANDREOZZI LANE WINDERMERE, FL 34786
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02/14/08-80052-016 150.00

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IN THIS SPACE**

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:

Gail Baur **GAIL BAUR** 1/31/08 407 718 0733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #