


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90075 030 ***150.00

DOCUMENT # P02000117755		
1. Entity Name PHD ELECTRIC, INC.		

Principal Place of Business 2313 HAMILTON AVENUE ALVA, FL 33920	Mailing Address 2313 HAMILTON AVENUE ALVA, FL 33920
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2. Principal Place of Business - No P.O. Box # <i>103 Columbus Ave</i>	3. Mailing Address <i>103 Columbus Ave</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Lehigh Acres FL</i>	City & State <i>Lehigh Acres FL</i>
Zip <i>33936</i>	Zip <i>33936</i>
Country	Country

40042440



02212008 Chg-P CR2E034 (12/06)

4. FEI Number 90-0053425	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
ALL FLORIDA FIRM INC 465 S VOLUSIA AVE SUITE C ORANGE CITY, FL 32763	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIX, HARRIS 2313 HAMILTON AVENUE ALVA, FL 33920 <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	V DIX, PAULINE 2313 HAMILTON AVENUE ALVA, FL 33920 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *HARRIS DIX* 3/2/08 239 994 6655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #