

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90015 039 ***150.00

DOCUMENT # P02000122098

1. Entity Name

JOHN SCARBOROUGH ELECTRIC, INC.



Principal Place of Business

1326
1324 VANDILLA ROAD
TALLAHASSEE, FL 31326

Mailing Address

P O BOX 5344
TALLAHASSEE, FL 32314

DO NOT WRITE IN THIS SPACE



04062007 No Chg-P CR2E034 (11/05)

4. FEI Number

59-2944962

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, BARBARA
873 E. JEFFESON ST.
QUINCY, FL 32351

**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 renaming)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME SCARBOROUGH, JOHN
STREET ADDRESS P O BOX 5344
CITY-ST-ZIP TALLAHASSEE, FL 32314

TITLE D
NAME SCARBOROUGH, BARBARA
STREET ADDRESS 1326 VANDILLA ROAD
CITY-ST-ZIP TALLAHASSEE, FL 32310

TITLE VP
NAME SPENCER, DAVID A
STREET ADDRESS 1326 VANDILLA ROAD
CITY-ST-ZIP TALLAHASSEE, FL 31326

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #