## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 24, 2008 08:00 A Secretary of State

| ANNUAL REPORT  |  |  |                 | Mar 24, 2008 08:0                           |                                  |  |
|--|--|--|-----------------|---|----------------------------------|--|
| DOCUMENT # P03000090928  1. Entity Name FIRST CHOICE ELECTRIC OF NORTH PORT, INC.  |  |  |                 | ·   | Secretary of Sta                 |  |
| Principal Plac<br>1050 CORPO<br>NORTH POR  | DRATE AVE UNIT 120   | - Mailing Address<br>1050 CORPORATE AVE UI<br>NORTH PORT, FL 34289 |                 | **************************************      |                                  |  |
|  | O NOT WRIT   | E IN THIS SP   | <b>ACE</b>      | 01142008 No Chg-P                           | CR2E034 (11/05)                  |  |
|  | ् <sub>ा। शि</sub><br>6. Name and Address of Curre               |  |                 | 76-0739155  5. Certificate of Status Desire | Not Applicable                   |  |
| 6836 RUF   | DOUGLAS<br>F ST<br>ORT, FL 34286                                 |  |                 | DO NOTA<br>IN THIS S                        | NRITE<br>PACE                    |  |
| 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 |  |  |                 |   |                                  |  |
| FIL<br>After M   | E NOW!!! FEE IS \$150.00<br>ay 1, 2008 Fee will be \$55          | - 9. Election Campaign   | Financing \$5.0 |   | 000868497<br>08-80012-011 150.00 |  |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP  | OFFICERS AI PT ACKLEY, DOUGLAS 6836 RUFF ST NORTH PORT, FL 34286 | ND DIRECTORS   |                 |   |                                  |  |
| NAME STREET ADDRESS CITY-ST-ZIP  |  |  |                 |   |                                  |  |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE  |  |  |                 |   | WRITE                            |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |  |                 | IN THIS S                                   | PACE                             |  |
| NAME STREET ADDRESS CITY - ST - ZIP  |  |  |                 |   |                                  |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |  |                 |   |                                  |  |

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 TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

120/08

Daytime Phone #