


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2008 08:00 A
Secretary of State

DOCUMENT # P03000108037		
1. Entity Name TESLA ELECTRIC, ARMATURE AND MACHINE, INC.		
Principal Place of Business 735 LANE AVE NORTH JACKSONVILLE, FL 32254	Mailing Address 735 LANE AVE NORTH JACKSONVILLE, FL 32254	



01282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 37-1204890	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MILAM HOWARD MICANDRI: DEES & GILLIAM P.A. 14 EAST BAY STREET JACKSONVILLE, FL 32202	DO NOT WRITE IN THIS SPACE
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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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMES, DEBRA B 735 LANE AVE NORTH JACKSONVILLE, FL 32254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMES, DONALD A 735 LANE AVE NORTH JACKSONVILLE, FL 32254
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03/21/08-80030-014 158.75

**DO NOT WRITE
IN THIS SPACE**

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 provided 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 or on an attachment with an address, with all other like empowered.

E: Debra B. Ames 2/29/08 904-781-4944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #