2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000111323

1. Entity Name

AL'S ELECTRIC & SON, INC.

Principal Place of Business

2005 S. CLARA AVE. DELAND, FL 32720 Mailing Address

2005 S. CLARA AVE. DELAND, FL 32720

FILED Feb 04, 2008 08:00 Al Secretary of State



DO NOT WRITE IN THIS SPACE

01172008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 20-0297255 Not Applied For Not Applicable

5. Certificate of Status Desired Sa.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PURVIS, ALTON D 2005 S. CLARA AVE. DELAND, FL 32720

DO NOT WRITE IN THIS SPACE

| 9 The above | named actify submits this statement for the s | uroose of changing its registers | ed office or r | enistered agent or bo | th in the State of Florida. Lam familiar with and accept |
|--|--|--|----------------|--------------------------------|--|
| 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 | | | | | |
| 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 | | Election Campaign Finar Trust Fund Contribution. | ncing | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND DIREC | TORS | | | |
| TITLE NAME STREET ADDRESS CITY: ST-ZIP | P PURVIS, ALTON D 2005 S. CLARA AVE. DELAND, FL 32720 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S PURVIS, LORETTA H 2005 S. CLARA AVE. DELAND, FL 32720 | | | | 000000815181 02/13/08-80073-025 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | | | | IN ' | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP. | | 1 | | | |
| 12. I hereby certily 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. | | | | | |