## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000112242

Name:

Address:

City-St-Zip:

FILED Feb 19, 2009 Secretary of State

Entity Name: COMPLETE ELECTRIC CONTRACTORS, INC. **Current Principal Place of Business: New Principal Place of Business:** 2924 N OBT ORLANDO, FL 32804 **Current Mailing Address: New Mailing Address:** 2924 N OBT ORLANDO, FL 32804 FEI Number: 20-0295246 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WHITE, ANDY WHITE, ANDREW N 2080 COBBLEFIELD CIRCLE 2080 COBBLEFIELD CIRCLE APOPKA, FL 32703 APOPKA, FL 32703 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. SIGNATURE: ANDREW N. WHITE 02/19/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change ( ) Addition WHITE, ANDY WHITE, ANDREW N Name: Name: 2080 COBBLRFIELD CIRCLE Address: 2080 COBBLRFIELD CIRCLE Address: APOPKA, FL 32703 City-St-Zip: APOPKA, FL 32703 City-St-Zip: Title: () Delete Title: VΡ ( ) Change (X) Addition

Name:

Address:

City-St-Zip:

WHITE, WENDY

2080 COBBLEFIELD CIRCLE APOPKA, FL 32703

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

VΡ SIGNATURE: WENDY WHITE 02/19/2009