2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P03000115688

1. Entity Name
AMMESON ELECTRIC INC.

FILED Mar 15, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

7051 MYAKKA VALLEY TRAIL SARASOTA, FL 34241 7051 MYAKKA VALLEY TRAIL SARASOTA, FL 34241



03052007

No Chg-P

CR2E034 (11/05)

4. FEI Number 80-0095150 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

AMMESON, CARL T 7051 MYAKKA VALLEY TRAIL SARASOTA, FL 34241

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SARASUTA, FL 34241			IN THIS SPACE		
the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or re	egistered agent, or both	n, in the State of Florida. I am familiar with, and accept .
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE
FILE NOWIII 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 DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD AMMESON, CARL TOM 7051 MYAKKA VALLEY TRAIL SARASOTA, FL 34241		* .		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			, , .	en angela in versione e	. U00000667385 . 03/26/07-80026-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby o	certify that the information supplied with this fill	ing does not qualify for the exer	mptions con	tained in Chapter 119,	Florida Statutes. I further certify that the information as if made under path; that I am an officer or director

12. Thereby certify that the information supplied with this filling 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

President 3-08-07

941-921-5081

Daytime Phone #