2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 07, 2007 8:00 am DOCUMENT # P03000117163 **Secretary of State** 02-07-2007 90043 002 ***150.00 NUTTING ELECTRIC, INC. Principal Place of Business Mailing Address PO BOX 3296 DELAND FL 32721 2208 MARSH ROAD DELAND FL 32724 3. Mailing Address P. 0. B. 3296 2. Principal Place of Business - No P.O. Box # 2208 MARSH Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 83-0378743 FZANd Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NUTTING, JOHN S 2208 MARSH ROAD Street Address (P.O. Box Number is Not Acceptable) DELAND FL 32724 City Zip Code 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSTD** THE ☐ Delete IIIŒ Change ☐ Addition NUTTING, JOHN S NAME NAME 2208 MARSH ROAD STREET ADDRESS STREET ADDRESS DELAND FL 32724 CITY ST-ZIP CITY ST-7IP Delete TITLE THE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THTLE ☐ Delete □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIE CITY-ST-ZIP ☐ Delete HILE Change [] Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE ■ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY · SI · ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-S1-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 earl; 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.

FILED

1/28/07 (386) 734-0725