2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT FILED Jan 16, 2007 08:00 AN DOCUMENT # P03000126377 **Secretary of State** ALLAN SHEETS ELECTRIC, INC. Principal Place of Business Mailing Address 11556 110TH TERRACE 11556 110TH TERRACE LARGO, FL 33778 LARGO, FL 33778 01042007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0460441 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHEETS, ALLAN DO NOT WRITE 11556 110TH TERRACE LARGO, FL 33778 IN THIS SPACE 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 life if applicable, (NOTE: Registered Agent signature required when reinstating) U00000586568 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 01/16/07-80058-015 150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. **PSTD** TITLE SHEETS, ALLAN NAME STREET ADDRESS 11556 110TH TERRACE CITY-ST-ZIP LARGO, FL 33778 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

12. 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 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.

CICNIATUDE

CITY-ST-ZIP

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/3/07 727-418-7455

Daytime Phone #