2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000135594

1. Entity Name
STEVEN HOBBS ELECTRIC, INC.



FILED Jan 18, 2008 08:00 AM Secretary of State

Principal Place of Business

407 HILLCREST DR N CLEARWATER, FL 33755 Mailing Address

STEVEN HOBBS

CLEARWATER, FL 33758-5144



DO NOT WRITE IN THIS SPACE

01132008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0411817 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOBBS, STEVEN 407 HILLCREST DR N CLEARWATER, FL 33755

DO NOT WRITE IN THIS SPACE

CLEARWATER, FL 33755				IN THIS SPACE					
	named entity submits this statement for the pions of registered agent.	urpose of changing its reg	gistered office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept				
UIGHA TOTAL	Signature, typed or printed name of registered agent and title d	applicable, (NOTE: Re	gratered Agent argnature	e required when rematating)	DATE				
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00			\$5.00 May Be Added to Fees	000000788987 01/22/08-80008-001 150.00				
10.	OFFICERS AND DIREC	TORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOBBS, STEVEN 407 HILLCREST DR N CLEARWATER, FL 33755								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOBBS, DEBORAH 407 HILLCREST DR N CLEARWATER, FL 33755				3				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE									

12. I hereby 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.

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STREET ADDRESS CITY-ST-ZIP

Ston Halils

STEVEN

Horas Poulon

1-13-08

727.441-2750

D OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #