
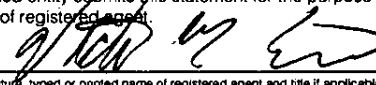
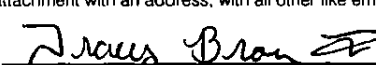


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90074 033 \*\*\*150.00

<b>DOCUMENT # P03000142046</b> 1. Entity Name <b>TRACY ELECTRIC, INC.</b>																									
Principal Place of Business <b>8051 N. NEIGE PT. CRYSTAL RIVER, FL 34428</b>				Mailing Address <b>P.O. BOX 744 CRYSTAL RIVER, FL 34423</b>																					
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																							
City & State  Zip		City & State  Zip		Country																					
4. FEI Number <b>20-0448815</b>				Applied For <input type="checkbox"/> Not Applicable																					
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>																					
6. Name and Address of Current Registered Agent  <b>ALL FLORIDA FIRM, INC 465 S VOLUSIA AVE STE C ORANGE CITY, FL 32763</b>			7. Name and Address of New Registered Agent Name <b>ALL FLORIDA FIRM, INC</b> Street Address (P.O. Box Number is Not Acceptable) <b>813 Deltona Blvd, Ste A</b> City <b>Deltona</b> <b>FL</b> Zip Code <b>32725</b>																						
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:  <b>Victor Erwin for All Florida Firm Inc</b> (NOTE: Registered Agent signature required when reinstating) DATE <b>1-28-08</b>																									
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																							
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY - ST - ZIP</td> <td style="width:10%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td></td> <td><b>PD BROWN, TRACY</b></td> <td><b>8051 N. NEIGE PT.</b></td> <td><b>CRYSTAL RIVER, FL 34428</b></td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete <input type="checkbox"/>		<b>PD BROWN, TRACY</b>	<b>8051 N. NEIGE PT.</b>	<b>CRYSTAL RIVER, FL 34428</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY - ST - ZIP</td> <td style="width:10%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td></td> <td><b>Beth Secretary</b></td> <td><b>Beth Brown</b></td> <td><b>8051 N Neige Pt Crystal River</b></td> <td style="text-align: right;"><input checked="" type="checkbox"/> Addition</td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		<b>Beth Secretary</b>	<b>Beth Brown</b>	<b>8051 N Neige Pt Crystal River</b>	<input checked="" type="checkbox"/> Addition
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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.																									
SIGNATURE: 				2/8/08 Date																					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				352 7453115 Daytime Phone #																					