## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Apr 30, 2007 08:00 A Secretary of State **DOCUMENT # P03000144915** 1. Entity Name BABBITT ELECTRIC, INC. Principal Place of Business Mailing Address 1457 HIGHWAY 309 P.O. BOX 5 GEORGETOWN, FL 32139 GEORGETOWN, FL 32139 US No Chg-P 04262007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0425985 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BABBITT, EDWARD E 1457 HIGHWAY 309 GEORGETOWN, FL 32139 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE P.S NAME BABBITT, EDWARD E STREET ADDRESS P.O. BOX 5 CITY-ST-ZIP GEORGETOWN, FL 32139 TITLE NAME BABBITT, ALICE L STREET ADDRESS P.O. BOX 5 CITY-ST-ZIP GEORGETOWN, FL 32139 TITLE TRES BABBITT, ALICE L NAME P.O. BOX 5 STREET ADDRESS DO NOT WRITE CITY-ST-ZIP GEORGETOWN, FL 32139 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

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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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP