## **2007 FOR PROFIT CORPORATION ANNUAL REPORT** DOCUMENT # P03000146617 1. Entity Name ROGER EATON ELECTRIC, INC. Principal Place of Business Mailing Address 8439 CAMEO STREET 8439 CAMEO STREET SPRING HILL, FL 34608 SPRING HILL, FL 34608 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent EATON, ROGER L 8439 CAMEO STREET SPRING HILL, FL 34608

FILED Feb 06, 2007 08:00 AM Secretary of State



02012007 No Chg-P CR2E034 (11/05)

4. FEI Number | Applied For | 13-4270951 | Not Applicable | \$8.75 Additional

5. Certificate of Status Desired

255

\$8.75 Additional Fee Required

## DO NOT WRITE 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. Fam familiar with, and accept the obligations of registered agent.						
SIGNATURE Signature, typed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.					\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EATON, ROGER L 8439 CAMEO STREET SPRING HILL, FL 34608					
TITLE NAME Street address City-St-Zip	ST EATON, CYNTHIA L 8439 CAMEO STREET SPRING HILL, FL 34608					U00000624490 02/14/07-80035-012 158.75
TITLE Name Streft address City-St-Zip	,				DO	NOT WRITE
ITILE Name Street address City-St-Zip					IN <sup>-</sup>	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP						·
TITLE NAME Street Address City-St-Zip						
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime P