


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90020 005 ***150.00

DOCUMENT # P03000146651

1. Entity Name
TED ROBERTS ELECTRICAL CONTRACTOR INC.



Principal Place of Business Mailing Address

**245 WEST OHIO AVE.
 LAKE HELEN FL 32744
 US** **42100 CHINABERRY ST
 EUSTIS FL 32736
 US**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

42100 Chinaberry St. Suite, Apt. #, etc.

City & State City & State

Eustis, FL **FL**

Zip Country Zip Country

32736 **USA** **USA**

4. FEI Number Applied For

20-0484181 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent

**ROBERTS, TED-W
 42100 CHINABERRY ST.
 EUSTIS FL 32736**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-appointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTS, TED W 42100 CHINABERRY ST EUSTIS FL 32764 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROBERTS, PAMELA 42100 CHINABERRY ST EUSTIS FL 32764 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Eustis FL 32736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition EUSTIS FL 32736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 fully empowered.

SIGNATURE: Ted W Roberts 2/20/07 586 228 1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #