

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90390 011 ***150.00

DOCUMENT # P03000147271

1. Entity Name

DS ELECTRIC, INC.



Principal Place of Business

39101 HAVEN AVE
ZEPHYRHILLS FL 33542

Mailing Address

39101 HAVEN AVE
ZEPHYRHILLS FL 33542



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-8139101

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

COLE, KATHY L
205 W ML KING BLVD
204
TAMPA FL 33603

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
D
JOHNSON, DARRELL D ☐ Delete
STREET ADDRESS
P O BOX 47044
CITY - ST - ZIP
TAMPA FL 33647

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D Johnson, Darrell ☒ Change ☐ Addition
STREET ADDRESS
39101 HAVEN AVE
CITY - ST - ZIP
Zephyrhills, FL 33542

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/07 (813) 245-7720