## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000148603

1. Entity Name

S.J. FRASCO ELECTRIC, INC.



FILED Apr 14, 2008 08:00 Al Secretary of State

Principal Place of Business

3938 WESTGATE AVE

WEST PALM BEACH, FL 33409

Mailing Address

3938 WESTGATE AVE

WEST PALM BEACH, FL 33409



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03122008 No Chg-P CR2E034 (11/05)

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRASCO, SALVATORE J 3938 WESTGATE AVE WEST PALM BEACH, FL 33409 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. I am family the obligations of registered agent.  SIGNATURE  SIGNATURE						
Signature, typed or printed name of egistered agant and little	f applicable. (NOTE. Registered Agent signature required when reinstating)	DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees	000000895589 04/24/08-20074-004 150.00				

OFFICERS AND DIRECTORS 10. TITLE FRASCO, SALVATORE J NAME 3938 WESTGATE AVE STREET ADDRESS WEST PALM BEACH, FL 33409 CITY-ST-ZIP TITLE FRASCO, JOSEPH NAME P.O. BOX 3004 STREET ADDRESS EAGLE, CO 81631 CITY-ST-ZIP ST TITLE GERACI, MARIO NAME 5355 MENDOZA STREET STREET ADDRESS WEST PALM BEACH, FL 33415 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

DO NOT WRITE
IN THIS SPACE

12. Thereby 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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4-7-08

561 753-2868

Daytime Phone #