


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

|  |   |
|--|---|
| <b>DOCUMENT # P03000151641</b><br>1. Entity Name<br><b>MARVIN'S ELECTRIC SERVICE, INC.</b> |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>2647 STEFANI RD.<br/>CANTONMENT, FL 32533</b> | Mailing Address<br><b>2647 STEFANI RD.<br/>CANTONMENT, FL 32533</b> |
|---|---|

DO NOT WRITE IN THIS SPACE

FILED  
Sep 09, 2008 08:00 AM  
Secretary of State



09042008 No Chg-P CR2E034 (11/05)

|   |                               |
|---|-------------------------------|
| 4. FEI Number<br><b>59-3277209</b>  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                               |

6. Name and Address of Current Registered Agent

**MOBLEY, MARVIN C  
2647 STEFANI RD.  
CANTONMENT, FL 32533**

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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: *Marvin C Mobley* (NOTE: Registered Agent signature required when reinstating) DATE: Sept 3, 08

FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

|                |                      |
|----------------|----------------------|
| TITLE          | P                    |
| NAME           | MOBLEY, MARVIN C     |
| STREET ADDRESS | 2647 STEFANI RD.     |
| CITY-ST-ZIP    | CANTONMENT, FL 32533 |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |

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IN THIS SPACE

U00000959211  
09/09/08-80001-023 150.00

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: *Marvin C Mobley* 3 Sept 08 850-572-3970

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