## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Mar 20, 2008 08:00 A DOCUMENT # P03000158403 1. Entity Name Secretary of State E. V. WRENN ELECTRIC, INC. Principal Place of Business Mailing Address 14809 N 23RD STREET 14809 N 23RD STREET **LUTZ FL 33549 LUTZ FL 33549** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #, etc. Suite Apt #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 56-2422858 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Mame WRENN, EUGENE V Street Address (P.O. Box Number is Not Acceptable) 14809 N 23RD STREET **LUTZ FL 33549** City 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 primed cannelof registered agent and title. Lapplicable (NOTE: Registered Agort empeture required when reimposting) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Derete TITLE ☐ Change Addition NAME WRENN, EUGENE V NAME STREET ADDRESS 14809 N 23RD STREET STREET ADDRESS CITY-ST-ZIP LUTZ FL 33549 CITY-ST-ZIP TITLE Derete TITLE ☐ Change ☐ Addition HOOOOOAA29A NAME NEFAF 04/04/08-80009-025 150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ITTLE Delete TITLE Change Addition MAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Derete THLL ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS COY-ST-ZIP CHY-ST-ZIP ☐ Dereie THUE Change Addition NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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.

CITY-ST-ZIP

EUBENE V WRENN 3-18-08

ESIGNING OFFICER OR DIRECTOR

Date

Total

CITY - ST - ZIP