


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90017 030 ***150.00

DOCUMENT # P0400002084

1. Entity Name
FREDRICKS ELECTRICAL CONTRACTORS, INC.



Principal Place of Business Mailing Address

1301 N. PARROTT AVE.
 OKEECHOBEE FL 34972 1301 N. PARROTT AVE.
 OKEECHOBEE FL 34972



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

3302 SE 33rd Terrace **3302 SE 33rd Terrace**

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State City & State

OKEECHOBEE, FLA **OKEECHOBEE, FLA.**

Zip Country Zip Country

34974 **Okeechobee** **34974** **Okeechobee**

4. FEI Number Applied For

43-2038980 Not Applicable

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

6. Name and Address of Current Registered Agent

ARDEL, BARBARA
3453 NW 160TH ST.
OKEECHOBEE FL 34972

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 reinstating)

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	PSTD	<input type="checkbox"/> Delete
NAME	FREDRICKS, WILLIAM	
STREET ADDRESS	1301 N. PARROTT AVE.	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	FREDRICKS, JOHN L	
STREET ADDRESS	1301 N PARROT AVE	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	JACO, MELISSA	
STREET ADDRESS	6673 SE 51ST ST	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: William Fredricks 2-27-08 (863)467-0774

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