## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED
Mar 21, 2007 08:00 AM
Secretary of State

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1. Entity Name

SERVICE-BASED ELECTRIC, INC.



Principal Place of Business

Mailing Address

87 BREAM STREET HAINES CITY, FL 33844 US PO BOX 2051

HAINES CITY, FL 33845

No Chg-P

CR2E034 (11/05)

3/18/07 863-439-3034

4. FEt Number 20-0375272

03182007

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SASSER, LEWIS C JR. 87 BREAM STREET HAINES CITY, FL 33844

SIGNATURE:

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	e named entity submits this statement for the p tions of registered agent. •	purpose of crianging its registered	J OHICE OF I	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.		· · · · · · · · · · · · · · · · · · ·			·
	Signature, typed or printed name of registered agent and title	f applicable. (NOTE, Registered	Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ing 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CATY-ST-ZIP	P/D SASSER, LEWIS C JR. PO BOX 2051 HAINES CITY, FL 33845				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D SASSER, CHRISTOPHER L PO BOX 2051 HAINES CITY, FL 33845				U00000673885 03/29/07-80047-007 150.0
TITLE NAME STREET ADDRESS CITY+ST-ZIP	STD SASSER, CLINTON PO BOX 2051 HAINES CITY, FL 33845			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				•	
of the cor	certify that the information supplied with this fill on this report or supplemental report is true a poration or the receiver or trustee empoweree , or on an attachment with an address, with all	d to execute this report as require	nptions course shall have add by Chap	ntained in Chapter 119 ve the same legal effec ter 607, Florida Statute	<ol> <li>Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director is; and that my name appears in Block 10 or Block 11 if</li> </ol>