



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2008 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # P04000006353 1. Entity Name SERVICE-BASED ELECTRIC, INC. |  |
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|--|--|
| Principal Place of Business 87 BREAM STREET HAINES CITY, FL 33844 US | Mailing Address PO BOX 2051 HAINES CITY, FL 33845 US |
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DO NOT WRITE IN THIS SPACE



01122008 No Chg-P CR2E034 (11/05)

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|---|--|
| 4. FEI Number 20-0375272 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent SASSER, LEWIS C JR. 87 BREAM STREET HAINES CITY, FL 33844 | DO NOT WRITE IN THIS SPACE |
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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 _____ (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. <input type="checkbox"/> | \$5.00 May Be Added to Fees | 000000855274 03/27/08-80042-012-150.00 |
|---|---------------------------------------|---|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-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 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD SASSER, CLINTON PO BOX 2051 HAINES CITY, FL 33845 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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: Lewis C Sasser President 4/12/08 863-439-3034
LEWIS C SASSER JR Date Daytime Phone #