

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000014039

FILED
Mar 24, 2009
Secretary of State

Entity Name: KYLES ELECTRICAL SERVICES INC.

Current Principal Place of Business:

12198 CR 512
UNIT 3
FELLSMERE, FL 32948 US

New Principal Place of Business:

Current Mailing Address:

12198 CR 512
UNIT 3
FELLSMERE, FL 32948 US

New Mailing Address:

FEI Number: 81-0641946 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODWARD, KYLE
12198 CR 512
UNIT 3
FELLSMERE, FL 32948 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: WOODWARD, KYLE
Address: 12198 CR 512
City-St-Zip: FELLSMERE, FL 32948 US

Title: DIR () Delete
Name: WOODWARD, SHARON
Address: 12198 CR 512
City-St-Zip: FELLSMERE, FL 32948 US

Title: DIR () Delete
Name: WOODWARD, SHAWNII
Address: 12198 CR 512
City-St-Zip: FELLSMERE, FL 32948 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change () Addition
Name: WOODWARD, SHARON
Address: 12198 CR 512 UNIT 3
City-St-Zip: FELLSMERE, FL 32948 US

Title: DIR (X) Change () Addition
Name: WOODWARD, SHAWNII
Address: 12198 CR 512 UNIT 3
City-St-Zip: FELLSMERE, FL 32948 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAWNII WOODWARD

DIR

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date