


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90026 033 ***150.00

DOCUMENT # P04000037255 1. Entity Name NODRUFF ELECTRIC OF S.W. FLORIDA, INC.					
Principal Place of Business 15625 OCEAN WALK CIRCLE SUITE 208 FORT MYERS, FL 33908 US			Mailing Address 15625 OCEAN WALK CIRCLE SUITE 208 FORT MYERS, FL 33908 US		
2. Principal Place of Business - No P.O. Box # 612 BAYSIDE DRIVE Suite, Apt. #, etc.		3. Mailing Address 612 BAYSIDE DRIVE Suite, Apt. #, etc.			
City & State FORT MYERS, FL 33919 Zip 33919-2504		City & State FORT MYERS, FL Zip 33919-2504		4. FEI Number 20-1048317	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NODRUFF, ROGER B 15625 OCEAN WALK CIRCLE SUITE 208 FORT MYERS, FL 33908				7. Name and Address of New Registered Agent Name NODRUFF, ROGER B. Street Address (P.O. Box Number is Not Acceptable) 612 BAYSIDE DRIVE City FORT MYERS	
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: <u><i>Roger B. Nodru</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>1/27/08</u>					
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		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PSTD NODRUFF, ROGER B 15625 OCEAN WALK CIRCLE SUITE A208 FORT MYERS, FL 33908				TITLE NAME STREET ADDRESS CITY-ST-ZIP PSTD NODRUFF, ROGER B. 612 BAYSIDE DRIVE FORT MYERS, FL 33919-2504	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>Roger B. Nodru</i></u> DATE: <u>1/27/08</u> DAYTIME PHONE #: <u>239-707-7203</u>					