

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000064352

FILED
Apr 07, 2009
Secretary of State

Entity Name: ALL PHASE ELECTRIC CONTRACTORS, INC

Current Principal Place of Business:

411 GRANADA ST
FT PIERCE, FL 34949

New Principal Place of Business:

Current Mailing Address:

411 GRANADA ST
FT PIERCE, FL 34949

New Mailing Address:

FEI Number: 34-1986965

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, JEFFREY M
411 GRANADA ST
FT PIERCE, FL 34949 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: PFO () Delete
Name: THOMPSON, JEFFREY
Address: 411 GRANADA ST
City-St-Zip: FT PIERCE, FL 34949

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: THOMPSON, JEFFREY
Address: 411 GRANADA ST
City-St-Zip: FT PIERCE, FL 34949

Title: VP () Change (X) Addition
Name: MORNINGSTAR, PATRICK M
Address: 411 GRANADA ST
City-St-Zip: FORT PIERCE, FL 34949

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: JEFFREY THOMPSON

P

04/07/2009

Electronic Signature of Signing Officer or Director

Date