

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000071794

FILED
Jan 09, 2008
Secretary of State

Entity Name: SWITCH OVER ELECTRICAL COMPANY

Current Principal Place of Business:

5647 ROCKFIELD LOOP
VALRICO, FL 33594

New Principal Place of Business:

5647 ROCKFIELD LOOP
VALRICO, FL 33596

Current Mailing Address:

5647 ROCKFIELD LOOP
VALRICO, FL 33594

New Mailing Address:

5647 ROCKFIELD LOOP
VALRICO, FL 33596

FEI Number: 34-1993834

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEIBY, JOHN
5647 ROCKFIELD LOOP
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

LEIBY, JOHN
5647 ROCKFIELD LOOP
VALRICO, FL 33596 US

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:

01/09/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEIBY, JOHN
Address: 5647 ROCKFIELD LOOP
City-St-Zip: VALRICO, FL 33594

Title: VP () Delete
Name: LEIBY, AMANDA
Address: 5647 ROCKFIELD LOOP
City-St-Zip: VALRICO, FL 33594

Title: SEC () Delete
Name: LEIBY, AMANDA
Address: 5647 ROCKFIELD LOOP
City-St-Zip: VALRICO, FL 33594

Title: TRES () Delete
Name: LEIBY, AMANDA
Address: 5647 ROCKFIELD LOOP
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LEIBY, JOHN
Address: 5647 ROCKFIELD LOOP
City-St-Zip: VALRICO, FL 33596

Title: VP (X) Change () Addition
Name: LEIBY, AMANDA
Address: 5647 ROCKFIELD LOOP
City-St-Zip: VALRICO, FL 33596

Title: SEC (X) Change () Addition
Name: LEIBY, AMANDA
Address: 5647 ROCKFIELD LOOP
City-St-Zip: VALRICO, FL 33596

Title: TRES (X) Change () Addition
Name: LEIBY, AMANDA
Address: 5647 ROCKFIELD LOOP
City-St-Zip: VALRICO, FL 33596

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: JOHN LEIBY

PD

01/09/2008

Electronic Signature of Signing Officer or Director

Date