## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Mar 26, 2007 8:00 am Secretary of State **DOCUMENT # P04000163613** 03-26-2007 90046 024 \*\*\*158.75 RICH ELECTRIC OF TALLAHASSEE INC. Principal Place of Business Mailing Address 2004 MCKEE RD 2004 MCKEE RD TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32303 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2004 mekre Rd. 2004 mekee Rd. Suite, Apt. #, etc. 01102007 Chg-P CR2E034 (12/06) City & State City & State Applied For 4. FE1 Number Tallahassee FL. Tallahassee, 61-1428370 Not Applicable Country U.S.A \$8.75 Additional 32303 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RICH, GREGORY L 2009 SHADY OAKS DRIVE Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32303 City Zip Code 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 Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when rematating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE TITLE ☐ Delete Change ☐ Addition RICH, GREGORY L NAME NAME STREET ADDRESS 2009 SHADY OAKS DRIVE STREET ADDRESS CITY-ST-7IP TALLAHASSEE, FL 32303 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition PRICE, TERRENCE NAME 3045 THOMAS DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32312 CITY-ST-ZIP S ☐ Delete ☐ Change ☐ Addition RICH KATHERINE I NAME NAME STREET ADDRESS 2009 SHADY OAKS DRIVE STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32303 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

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