## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P05000017146** 

1. Entity Name

DAD'S ELECTRIC OF CENTRAL FLORIDA, INC.



FILED
Jan 17, 2007 08:00 AM
Secretary of State

Principal Place of Business

424 E. HWY 434

WINTER SPRINGS, FL 32708

Mailing Address

424 E. HWY 434

WINTER SPRINGS, FL 32708



DO NOT WRITE IN THIS SPACE

01092007 No Chg-P CR2E034 (11/05)

4.	FEI Number		Applied For
	54-2166665		Not Applicable
5.	Certificate of Status Desired	\$8.75 Fee Red	Additional quired

6. Name and Address of Current Registered Agent

DUNCAN, DAVID A 424 E. HWY 434 WINTER SPRINGS, FL 32708

STREET ADDRESS CITY-ST-ZIP DO NOT WRITE IN THIS SPACE

				:	•			
	named entity submits this statement for the plants of registered agent.	ourpose of changing its registere	ed office or re	egistered agent, or bo	th, in the State of F	lorida. I am familia	r with, and accep	it
SIGNATURE Signature, typed or printed name of registered agent and title if appticable. (NOTE: Registered			d Agent signature	required when reinstating)	DATE			
F!L After M:	E NOW!!! FEE IS \$150.00 ny 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	000000 01/17/07-	1588408 -80071-017	150.00	
10.	OFFICERS AND DIREC	CTORS	I					
TITLE Name Street address City-St-Zip	P DUNCAN, DAVID A 424 E. HWY 434 WINTER SPRINGS, FL 32708							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				· · · · · · · · · · · · · · · · · · ·		,	,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	/RITE	, .	
TITLE Name Street address City-St-Zip				IN.	THIS SI	PACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						: , .		
TITLE			,		•			

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:	72	1	
	SIGNATURE AND TYPED OF	PRINTED NAME OF BIGNING OFFICE	ER OR DIRECT

IDA. Duncan 1/11/07

Daytime Phone #