

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2007 08:00 A
Secretary of State

DOCUMENT # P05000053071

1. Entity Name
GM ELECTRICAL SERVICES INC.



Principal Place of Business

**PO BOX 371
ELFERS, FL 34680**

Mailing Address

**PO BOX 371
ELFERS, FL 34680**



03252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2509137

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MANFRE, AGOSTINO
7406 JENNER AVE
NEW PORT RICHEY, FL 34655**

**DO NOT WRITE
IN THIS SPACE**

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME MANFRE, AGOSTINO
STREET ADDRESS 7406 JENNER AVE
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE V
NAME MANFRE, PATRICIA A
STREET ADDRESS 7406 JENNER AVE
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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U00000700320
04/20/07-80009-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AGOSTINO MANFRE 4/7/07 727 2294603

Date

Daytime Phone #