2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90003 011 ***150.00

DOCUMENT # P05000068170

1. Entity Name
FELKNOR ELECTRIC, INC.

Principal Place of Business	Mailing Address
~~24701 NW 32ND AVE.~~ ~~NEWBERRY, FL 32669~~ 9584 116TH PLACE LIVE OAK, FL 32060	~~24701 NW 32ND AVE.~~ ~~NEWBERRY, FL 32669~~ 9584 116TH PLACE LIVE OAK, FL 32060
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01222008 Chg-P CR2E034 (12/06)

4. FEI Number 04-3815515 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FELKNOR, SHERRI L ~~24701 NW 32ND AVE.~~ ~~NEWBERRY, FL 32669~~ 9584 116TH PLACE LIVE OAK, FL 32060	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD FELKNOR, SHERRI L 24701 NW 32ND AVE. NEWBERRY, FL 32669	☐ Delete	PTD FELKNOR, SHERRI L. 9584 116TH PLACE LIVE OAK, FL 32060	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SDD FELKNOR, RYAN T 24701 NW 32ND AVE. NEWBERRY, FL 32669	☐ Delete	SDD FELKNOR, RYAN T. 9584 116TH PLACE LIVE OAK, FL 32060	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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] SHERRI L. FELKNOR, PRESIDENT 2/13/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #