

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000069419

1. Entity Name
WILLIAM STAPE ELECTRICAL CONTRACTING INC.



Principal Place of Business
**15212 61ST RD
WELLBORN, FL 32094**

Mailing Address
**15212 61ST RD
WELLBORN, FL 32094**



04242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 86-1135598	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

**STAPE, WILLIAM E
15212 61ST RD
WELLBORN, FL 32094**

**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 *William E Stape* **WILLIAM E STAPE (P)** 4-26-08
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

U000000931235
15/22208-80006-022 150.00

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **STAPE, WILLIAM E**
STREET ADDRESS **15212 61ST RD**
CITY-ST-ZIP **WELLBORN, FL 32094**

TITLE **ST**
NAME **STAPE, JANET L**
STREET ADDRESS **15212 61ST RD**
CITY-ST-ZIP **WELLBORN, FL 32094**

TITLE **V**
NAME **STAPE, MATHEW T**
STREET ADDRESS **9178 180TH ST**
CITY-ST-ZIP **MC ALPIN, FL 32062**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: *Janet L Stape* **JANET L STAPE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-08 386-867-2420
Date Daytime Phone #