2007 FOR PROFIT CORPORATION

May 04, 2007 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # P05000098764 **ELECTRICGUY SERVICES INC** Principal Place of Business Mailing Address 1535 W TALTON AVE 1535 W TALTON AVE DELAND, FL 32720 DELAND, FL 32720 01252007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3144582 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WITSCHER, GUY A DO NOT WRITE 1535 W TALTON AVE DELAND, FL 32720 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be . . . FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME WITSCHER, GUY A 1535 W TALTON AVE STREET ADDRESS U000000761292 DELAND, FL 32720 CUTY-ST-ZIP 05/25/07-80049-016 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP +

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED