

2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Aug 20, 2007 8:00 am
Secretary of State

07-18-2007 90045 003 ***150.00

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08162007 Chg-P CR2E034 (12/06)

DOCUMENT # P05000112738			
1. Entity Name GULF COAST ELECTRICAL OF MANATEE AND SARASOTA, INC.			
Principal Place of Business 5964 REGENT RD. SOUTH VENICE, FL 34293 US		Mailing Address P.O. BOX 19716 SARASOTA, FL 34276 US	
2. Principal Place of Business - No P.O. Box # 1011 S Tamiami Trail Suite, Apt. #, etc.		3. Mailing Address PO Box 1249 Suite, Apt. #, etc.	
City & State Nokomis, FL		City & State Nokomis FL	
Zip 34274		Country USA	
Zip 34274		Country USA	
4. FEI Number 20-3312685		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WHITTAKER, THOMAS E 1121 S TAMIAMI TRL STE 303 VENICE, FL 34285		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P,S NAZZARE, RAYMOND A JR. 32 PHIPPS ST. WEAVERVILLE, NC 28787 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Nazzare, Raymond A Jr 5964 Regent Rd South Venice, FL 34293 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____		Date: 8/17/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	