## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000104531

Entity Name: VANGUARD ELECTRICAL CONTRACTORS, INC.

FILED Mar 27, 2008 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
830 CHICOPIT LANE JACKSONVILLE, FL 322254913			2375 ST. J 310	2375 ST. JOHNS BLUFF ROAD SOUTH		
				JACKSONVILLE, FL 32246		
Current Mailing Address:			New Maili	New Mailing Address:		
830 CHICOPIT LANE JACKSONVILLE, FL 322254913				2375 ST. JOHNS BLUFF ROAD SOUTH		
			310 JACKSON'	JACKSONVILLE, FL 32246		
FEI Number:	26-1102350	FEI Number Applied For ( )	El Number Not Appl	icable ( )	Certificate of Status Desired (X)	
Name and	Address of C	urrent Registered Agent:	Name and	Address of N	lew Registered Agent:	
PHILLIPPE 830 CHICC JACKSON		254913 US				
The above in the State		submits this statement for the purpo	ose of changing i	ts registered o	ffice or registered agent, or both,	
SIGNATUR	RE:					
Electronic Signature of Registered Agent					Date	
Election Can	npaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PHILLIPPE, GIN 830 CHICOPIT		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	WOODWARD, E 830 CHICOPIT		Title: Name: Address: City-St-Zip:	WOODWARD,	S BLUFF ROAD S. SUITE #310	
Title: Name: Address: City-St-Zip:	GLOVER, JOHN 830 CHICOPIT		Title: Name: Address: City-St-Zip:	GLOVER, JOHN	S BLUFF ROAD S. SUITE #310	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	KERN, BRIAN	Change (X) Addition S BLUFF ROAD S. SUITE #310 E, FL 32246	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	MCCUTCHEON	S BLUFF ROAD S. SUITE #310	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GINI B. PHILLIPPE PD 03/27/2008