

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000104531

FILED
Jan 21, 2009
Secretary of State

Entity Name: VANGUARD ELECTRICAL CONTRACTORS, INC.

Current Principal Place of Business:

2375 ST. JOHNS BLUFF ROAD SOUTH
310
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

2375 ST. JOHNS BLUFF ROAD SOUTH
310
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 26-1102350 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PHILLIPPE, GINI B
830 CHICOPIT LANE
JACKSONVILLE, FL 322254913 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PHILLIPPE, GINI B
Address: 830 CHICOPIT LANE
City-St-Zip: JACKSONVILLE, FL 322254913

Title: VP () Delete
Name: WOODWARD, BARRY C
Address: 2375 ST. JOHNS BLUFF ROAD S. SUITE #310
City-St-Zip: JACKSONVILLE, FL 32246

Title: VP () Delete
Name: GLOVER, JOHN
Address: 2375 ST. JOHNS BLUFF ROAD S. SUITE #310
City-St-Zip: JACKSONVILLE, FL 32246

Title: VP () Delete
Name: KERN, BRIAN
Address: 2375 ST. JOHNS BLUFF ROAD S. SUITE #310
City-St-Zip: JACKSONVILLE, FL 32246

Title: S/T () Delete
Name: MCCUTCHEON, PATRICIA
Address: 2375 ST. JOHNS BLUFF ROAD S. SUITE #310
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S/T (X) Change () Addition
Name: PHILLIPPE, ALEX
Address: 2375 ST. JOHNS BLUFF ROAD S. SUITE #310
City-St-Zip: JACKSONVILLE, FL 32246

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

P/D

01/21/2009

Electronic Signature of Signing Officer or Director

_____ Date