

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000104531

FILED  
Jan 24, 2011  
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:**

3653 REGENT BLVD.  
507  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

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

**New Mailing Address:**

3653 REGENT BLVD.  
507  
JACKSONVILLE, FL 32224

**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

**OFFICERS AND DIRECTORS:**

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

Title: VP  
Name: WOODWARD, BARRY C  
Address: 830 CHICOPIT LANE  
City-St-Zip: JACKSONVILLE, FL 322254913

Title: VP  
Name: GLOVER, JOHN  
Address: 830 CHICOPIT LANE  
City-St-Zip: JACKSONVILLE, FL 322254913

Title: VP  
Name: KERN, BRIAN  
Address: 78 LAKEWOOD DRIVE  
City-St-Zip: FOLKSTON, GA 31537

I hereby 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 all other like empowered.

SIGNATURE: GINI B. PHILLIPPE

PD

01/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date