## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000121687

ROGERS, JOSEPH M

NAPLES, FL 34109

3891 MIDSHORE DRIVE

Name:

Address:

City-St-Zip:

Entity Name: GULF STATES ELECTRIC, INC.

FILED Jan 08, 2009 Secretary of State

Current P	rincipal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
3891 MIDS	SHORE DRIVE		4585 PROGRESS AVI	≣	
NAPLES, FL 34109			UNIT 2		
			NAPLES, FL 34104		
Current Mailing Address:			New Mailing Address	New Mailing Address:	
3891 MIDS NAPLES,	SHORE DRIVE FL 34109	<b>=</b>			
FEI Number	: 26-1387484	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
2210 VAN NAPLES, The above	DERBILT BCH FL 34109 US		purpose of changing its registered	d office or registered agent, or both,	
SIGNATU					
OIOINATO		nic Signature of Registered Ag	uent	Date	
Election Ca		ng Trust Fund Contribution ( ).	,		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title:	PD (	) Delete	Title:	() Change () Addition	
Name:	ROGERS, MÀ		Name:		
Address:	3891 MIDSHO	RE DR	Address:		
City-St-Zip:	NAPLES, FL	34109	City-St-Zip:		
Title:	VPD (	) Delete	Title:	() Change () Addition	
Name:	FINLEY, JACK	•	Name:	., 5 .,	
Address:	905 NEW WA	TERFORD DR #201	Address:		
City-St-Zip:	NAPLES, FL	34104	City-St-Zip:		
Title:	SD (	) Delete	Title:	() Change () Addition	
Name:	ROGERS, MA		Name:		
Address:	3891 MIDSHO		Address:		
City-St-Zip:	NAPLES, FL	34109	City-St-Zip:		
Title:	TD (	) Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MARTIN J ROGERS PD 01/08/2009