

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000103800

FILED
May 01, 2009
Secretary of State

Entity Name: OLD SCHOOL ELECTRICAL SERVICES, INC.

Current Principal Place of Business:

5841 HERONRISE CRESCENT DR
LITHIA, FL 33547

New Principal Place of Business:

Current Mailing Address:

5841 HERONRISE CRESCENT DR
LITHIA, FL 33547

New Mailing Address:

P.O.BOX 1172
LITHIA, FL 33547

FEI Number: 26-3768662

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALSH, THOMAS
5841 HERONRISE CRESCENT DR
LITHIA, FL 33547 US

Name and Address of New Registered Agent:

WALSH, THOMAS R PRES
5841 HERONRISE CRESCENT DR
LITHIA, FL 33547 US

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: THOMAS R. WALSH

05/01/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: WALSH, THOMAS
Address: 5841 HERONRISE CRESCENT DR
City-St-Zip: LITHIA, FL 33547

Title: D () Delete
Name: WALSH, THOMAS
Address: 5841 HERONRISE CRESCENT DR
City-St-Zip: LITHIA, FL 33547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: WALSH, THOMAS R PRES
Address: 5841 HERONRISE CRESCENT DR
City-St-Zip: LITHIA, FL 33547

Title: D (X) Change () Addition
Name: WALSH, THOMAS R PRES
Address: 5841 HERONRISE CRESCENT DR
City-St-Zip: LITHIA, FL 33547

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: THOMAS R. WALSH

PRES

05/01/2009

Electronic Signature of Signing Officer or Director

Date