

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000019203

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** ELECTRICAL OUTFITTERS, INC.

**Current Principal Place of Business:**

55051 RIVERVIEW DRIVE  
ASTOR, FL 32102 US

**New Principal Place of Business:**

25000 LOYD ST.  
ASTOR, FL 32102 US

**Current Mailing Address:**

PO BOX 749  
ASTOR, FL 32102 US

**New Mailing Address:**

**FEI Number:** 27-2027894      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DAUGHERTY, TROY L JR  
55051 RIVERVIEW DRIVE  
ASTOR, FL 32102 US

**Name and Address of New Registered Agent:**

DAUGHERTY, TROY L JR  
25000 LOYD ST.  
ASTOR, FL 32102 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: \_\_\_\_\_

Electronic Signature of Registered Agent

01/06/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DAUGHERTY, TROY L JR  
Address: 25000 LOYD ST.  
City-St-Zip: ASTOR, FL 32102 US

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: TROY L. DAUGHERTY JR.

P

01/06/2012

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

\_\_\_\_\_  
Date