2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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SIGNATURE:

## **FILED** DOCUMENT # P33784 Jan 25, 2007 08:00 AN 1. Entity Namo **Secretary of State** MCLEOD ELECTRIC, INC. Principal Place of Business Mailing Address 2841 NOBLE STREET 2841 NOBLE STREET ANNISTON AL 36201 ANNISTON AL 36201 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 63-0874195 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCLEOD, A. BYRON Street Address (P.O. Box Number is Not Acceptable) 14599 PERDIDO KEY DRIVE, APT #10 PENSACOLA FL 32561 Zio Code City 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signaturu, lyped or printed name of registarod agent and title capplicable (NOTE, Registured Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. HHE Change Addition HIE ☐ Delete MCLEOD, A. BRYON NAM NAM U000000603862 610 SEQUOYA CIRCLE SIRLI LADDRESS STREET ADDRESS 01/29/07-80031-007 150.00 ANNISTON AL CHY SI ZIP CITY SI 78º ☐ Change Addition HILL ☐ Delete HRE NAME NAM STREET ADDRESS STREET ADDRESS CIRY-SI-7P CITY ST-71P ☐ Addition [1]] ☐ Delete HILE ☐ Change STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY ST ZIF ☐ Change HILE ☐ Delete HILE Addition NAME NAM SINCE LADDRESS SIRLLI ADDRESS CITY SI /IP CULY-SI-ZIP IIIIE ☐ Delete HILL ☐ Change Addition NAME NAME STREET LADERESS STREET ADDRESS CITY ST 7IP CITY SI-ZIF ☐ Delete HILE ☐ Change Addition m NAME STREET ADDRESS STREET ADDRESS CITY-SI ZIP CHY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the examptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath, 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 in Block 10 or Block 11

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