2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000061329

1. Entity Name

THW ELECTRIC, INC.



FILED Apr 18, 2008 08:00 A Secretary of State

Principal Place of Business

1962 ROLLING GREENS CIR Sarasota, FL 34240 US Mailing Address

P.O.BOX 7985

SARASOTA, FL 34278 US



04132008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0435112 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MATTHEWS, TERENCE 5190 26TH ST. W. SUITE D BRADENTON, FL 34207

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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 : Signature, typed or printed neme of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 1100000000000000000000000000000000000					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Finar Trust Fund Contribution.		\$5.00 May Be Added to Fees	05./01/08-80065-022 150:00
10. OFFICERS AND DIRECTORS					<u>, , , , , , , , , , , , , , , , , , , </u>
TITLE	PT · ·				
NAME	THOMAS, JOHN				
STREET ADDRESS	1962 ROLLING GREEN CIR		1		
CITY-ST-ZIP	SARASOTA, FL 34240		ŀ		
TITLE	VPS				
NAME	THOMAS, DENISE				
STREET ADDRESS	1962 ROLLING GREEN CIR				
CITY-ST-ZIP	SARASOTA, FL 34240				
TITLE					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATORE AND TYPED OR PRINTED NAME OF MIGNING OFFICER OR DIRECTOR

414/08

Date

Daytime Phone #