


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000027236</b>	
1. Entity Name <b>ELECTRO LUBE DEVICES, INC.</b>	

Principal Place of Business <b>528 NW GUERDON ST LAKE CITY, FL 32055</b>	Mailing Address <b>PO BOX 220 LAKE CITY, FL 32056 US</b>
---	---

DO NOT WRITE IN THIS SPACE



01142008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3234651</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>SPRING, JUDITH A. 1612 NW FRONTIER DR. LAKE CITY, FL 32055</b>
--

DO NOT WRITE  
IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when registering)</small>	DATE _____
---	------------

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P SPRING, JUDITH A 1612 NW FRONTIER DR LAKE CITY, FL 32055</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D LOMINACK, LAUREL D. 1161 SE LAKE MONTGOMERY AVE LAKE CITY, FL 32025</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000788938  
01/23/08-80013-018 150.00

DO NOT WRITE  
IN THIS SPACE

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: <u>Judith A. Spring</u> <b>JUDITH A. SPRING</b> 1-14-08 386-755-3810	Date _____ Daytime Phone _____
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	