2008 FOR PROFIT CORPORATION ANNUAL REPORT-

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000029687

PERFECT CIRCUIT ELECTRIC, INC.



FILED Jan 10, 2008 08:00 AM **Secretary of State**

Principal Place of Business

12127 BRANDING IRON COURT WELLINGTON, FL 33414

Mailing Address

12127 BRANDING IRON COURT WELLINGTON, FL 33414



01082008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0484721

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KRIBERNEY, ROBIN GAIL 12127 BRADING IRON CT WELLINGTON, FL 33414

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	named entity submits this statement for the putions of registered agent.	rpose of changing its re	egistered office or r	egistered agent, or b	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE.							
			Registered Agent signature	gent signature required when reinstating) DATE			
	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaigr Trust Fund Contrib		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRECT	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRIBERNEY, RANDY ALBERT 12127 BRANDING IRON CT WELLINGTON, FL 33414				U00000777681 01/10/08-80017-021 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KRIBERNEY, ROBIN GAIL 12127 BRANDING IRON CT WELLINGTON, FL 33414						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS							

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.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME 1. STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-818-4296