

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2008 08:00 A
Secretary of State

DOCUMENT # P95000073259

1. Entity Name
AD & T ELECTRIC, INC.



Principal Place of Business
**645 UNITED STEEET #22
KEY WEST, FL 33040**

Mailing Address
**PO BOX 2194
KEY WEST, FL 33045**



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0615122

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RICHARDSON, MARCELLA M
645 UNITED STEEET #22
KEY WEST, FL 33040**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000779465
01/11/08-80038-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RICHARDSON, MARCELLA M
STREET ADDRESS	645 UNITED STEEET #22
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	D
NAME	RICHARDSON, ATHONY V
STREET ADDRESS	645 UNITED ST., #22
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	D
NAME	RICHARDSON, TERENCE N
STREET ADDRESS	645 UNITED ST., #22
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

Terence N Richardson
Terence N Richardson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/08

Date

Daytime Phone #

305 294 4226