

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90086 002 \*\*\*158.75

**DOCUMENT # P95000075127**



1. Entity Name  
**TOM CULPEPPER ELECTRIC, INC.**

Principal Place of Business  
**7101 SPRINGHAVEN ESTATES  
INDIANTOWN, FL 34956 US**

Mailing Address  
**PO BOX 1976  
INDIANTOWN, FL 34956**

**60008899**



2. Principal Place of Business - No P.O. Box #  
**403 SW Squire Johns Ln.**  
Suite, Apt. #, etc.

3. Mailing Address  
**403 SW Squire Johns Ln.**  
Suite, Apt. #, etc.

01242007 Chg-P CR2E034 (12/06)

City & State  
**Palm City, FL 34990**  
Zip  
**34990** Country  
**USA**

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**Palm City, FL**  
Zip  
**34990** Country  
**USA**

4. FEI Number  
**59-3338549** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CULPEPPER, TOM  
7101 SPRINGHAVEN ESTATES  
INDIANTOWN, FL 34956**

**7. Name and Address of New Registered Agent**

Name  
**Culpepper, Tom**  
Street Address (P.O. Box Number is Not Acceptable)  
**403 SW Squire Johns Ln.**  
City  
**Palm City** FL Zip Code  
**34990**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CULPEPPER, TOM  
7101 SPRINGHAVEN ESTATES  
INDIANTOWN, FL 34956** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**403 SW Squire Johns Lane  
Palm City, FL 34990**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Tom Culpepper 1/24/07 772-597-3201**  
Date Daytime Phone #