2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P95000075127

1. Entity Name
TOM CULPEPPER ELECTRIC, INC.

Principal Place of Business	Mailing Address
403 SW SQUIRE JOHNS LN PALM CITY, FL 34990 US	403 SW SQUIRE JOHNS LN PALM CITY, FL 34990 US

DO NOT WRITE IN THIS SPACE

02072008   No Chg-P   CR2E034 (11/05)

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
403 SW SQUIRE JOHNS LN
PALM CITY, FL 34990

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

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	CULPEPPER, TOM
STREET ADDRESS	403 SW SQUIRE JOHNS LANE
CITY-ST-ZIP	PALM CITY, FL 34990

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: _Tom Culpepper_ 2/20/08 7725973201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #