

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000027953

FILED
Apr 30, 2009
Secretary of State

Entity Name: CARDINAL ELECTRICAL OUTSOURCING, INC.

Current Principal Place of Business:

15427 80TH LANE NORTH
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

15427 80TH LANE NORTH
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 65-0664648 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TREPP, ROBERT C PRES.
15427 80TH LANE NORTH
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: TREPP, ROBERT C
Address: 15427 80TH LANE NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

Title: V.P. () Delete
Name: BEHLMER, JAMES
Address: 5348 CATTAIL CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

Title: V.P. () Delete
Name: GLASS, STEVEN
Address: 4761 POSEIDON PLACE
City-St-Zip: LAKE WORTH, FL 33463

Title: V.P. () Delete
Name: SEIPLE, ROBERT H
Address: 5934 WOODSIDE TRAIL
City-St-Zip: SYLVANIA, OH 43560

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT TREPP

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date