

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90211 028 ***150.00

DOCUMENT # P96000047888

1. Entity Name
MCLEOD ELECTRIC OF BROOKSVILLE, INC.



Principal Place of Business
16208 CORTES BOULEVARD
BROOKSVILLE, FL 34601
13723 LINDEN DR
SPRING HILL, FL 34609-5023

Mailing Address
16208 CORTES BOULEVARD
BROOKSVILLE, FL 34601
13723 LINDEN DR
SPRING HILL, FL 34609-5023



04022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3383594

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCLEOD, CALVIN J
16208 CORTES BOULEVARD
BROOKSVILLE, FL 34601
13723 LINDEN DR
SPRING HILL, FL 34609-5023

**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	PD
NAME	MCLEOD, CALVIN J
STREET ADDRESS	16208 CORTES BOULEVARD
CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE	STD
NAME	MCLEOD, CAROLYN A
STREET ADDRESS	16208 CORTES BOULEVARD
CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE	D
NAME	ROBERT GARCIA
STREET ADDRESS	13723 LINDEN DR
CITY-ST-ZIP	SPRING HILL, FL 34609-5023
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: *Calvin J McLeod*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/08 352-686-0664