

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90042 009 ***150.00

DOCUMENT # P96000053393					
1. Entity Name VANGUARD ELECTRIC, INC.					
Principal Place of Business 10260 FISHER AVENUE TAMPA, FL 33619			Mailing Address 4015 W. FAIR OAKS AVE. TAMPA, FL 33611		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3388971	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HALBERT, WILLIAM B 4015 W FAIR OAKS AVE TAMPA, FL 33611			7. Name and Address of New Registered Agent Name: <u>HALBERT, LORETTA J.</u> Street Address (P.O. Box Number is Not Acceptable): <u>4015 W FAIR OAKS AVE</u> City: <u>TAMPA</u> FL Zip Code: <u>33611</u>		
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: <u>Loretta J. Halbert</u> DATE: <u>2-5-07</u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALBERT, BILL 4015 W. FAIR OAKS AVE. TAMPA, FL 33611		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HALBERT, LORETTA J 4015 W. FAIR OAKS AVE. TAMPA, FL 33611		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT SEC, TREASURER HALBERT, LORETTA J 4015 W FAIR OAKS, TAMPA, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HALBERT, KEVIN 4015 W. FAIR OAKS AVE. TAMPA, FL 33611		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT HALBERT, KEVIN P.O. Box 2503 Zephyrhills, FL 33539	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Kevin Halbert</u>			Date: <u>2/5/07</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		