## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 29, 2007 08:00 AM DOCUMENT # P97000020531 **Secretary of State** FERRELL BROTHERS ELECTRIC, INC. Principal Place of Business Mailing Address 224 N WHITNEY STREET 224 N WHITNEY STREET ST. AUGUSTINE, FL 32095 SAINT AUGUSTINE, FL 32084 03232007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3435026 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent FERRELL, ROLAND W DO NOT WRITE 224 N. WHITNEY ST. ST. AUGUSTINE, FL 32084 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 reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE FERRELL, ROLAND W NAME STREET ADDRESS 224 N WHITNEY ST CITY-ST-ZIP ST AUGUSTINE, FL 32095 TITLE FERRELL, SUZANNE M NAME STREET ADDRESS 224 W WHITNEY ST CITY-ST-ZIP ST AUGUSTINE, FL 32095 VP THORNTON, KENNETH NAME STREET ADDRESS 653 NAUTICAL WAY DO NOT WRITE CITY-ST-ZIP ST AUGUSTINE, FL 32084 IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

W3/10Me M. DWW - Secretary

.3-22-0

904-821-305C

Daytime Phone #

FILED