## **2008 FOR PROFIT CORPORATION**

**FILED AM** 

ANNUAL REPORT					Jan 10, 2008 08:00			
1. Entity Nam	MENT # P970000682 ECTRONICS, INC.	251			Se	ecretary of Stat		
Principal Plac 598 HWY 90 DEFUNIAK SI		Mailing Address 598 HWY 90 WEST DEFUNIAK SPRINGS, FL 3243	3					
	ning iking natiwa:	e fanonça en no m <del>a</del> mbo en 1861, s		01072008	No Chg-P	CR2E034 (11/05)		
. Albaysi	O NOT WRITE	IN THIS SPA	CE	FEI Number 59-347     Certificate		Applied For Not Applicable  \$8.75 Additional Fee Required		
	6. Name and Address of Current Re	gistered Agent	19.					
SHAW, RANDALL D 1894 BOB SIKES ROAD DEFUNIAK SPRINGS, FL 32433				50	NOT WI	,		
	named entity submits this statement for the ions of registered agent.  Signature, typed or printed name of registered agent and	•		guired when reinstating)	th, in the State of Flor	ida. I am familiar with, and accept		
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00		ncing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DI	RECTORS			. Jan Jan Sal			
NAME STREET ADDRESS CITY-ST-ZIP	SHAW, ALBERT D 1865 BOB SIKES ROAD DEFUNIAK SPRINGS, FL 32433			, dalagris yigite. 				
TITLE NAME STREET ADDRESS	D SHAW, RANDALL D 1894 BOB SIKES ROAD				01/10/08-8	78095 30034-024 150.00		
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	DEFUNIAK SPRINGS, FL 32433				NOT W	neda ka s		
CITY-ST-ZIP TITLE NAME			t digit.	IŅ.	THIS SP	ACE		
STREET ADDRESS CITY-SI-ZIP TITLE	***************************************			· in compa	i produce dispersion	and the same of the same of the		
NAME STREET ADDRESS CITY-ST-7IP				erajagan merajaga	e Alfana insaysi	g with and the s		

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.

TITLE NAME STREET ADDRESS