

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000074109**

1. Entity Name  
**SMOKEY'S ELECTRIC, INC.**



Principal Place of Business      Mailing Address

2104 TRAVELERS PALM DR.      P. O. BOX 748  
EDGEWATER, FL 32141      EDGEWATER, FL 32132



01112008    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**59-3471015**      Not Applicable

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

6. Name and Address of Current Registered Agent

LOEFFLER, LARRY D  
2104 TRAVELERS PALM DR.  
EDGEWATER, FL 32141

**DO NOT WRITE IN THIS SPACE**

B. 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 \_\_\_\_\_ (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    \$5.00 May Be  
Trust Fund Contribution.        Added to Fees

U00000822413  
02/19/08-80067-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LOEFFLER, LARRY D
STREET ADDRESS	2104 TRAVELERS PALM DR.
CITY-ST-ZIP	EDGEWATER, FL 32141
TITLE	VP
NAME	LOEFFLER, STEVE
STREET ADDRESS	1724 PINETREE DR.
CITY-ST-ZIP	EDGEWATER, FL 32132
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 links empowered.

SIGNATURE: *Larry D Loeffler*    *Larry Loeffler*    2-7-08    386-428-6211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #