

# 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  
**2104 TRAVELERS PALM DR.  
EDGEWATER, FL 32141**

Mailing Address  
**P. O. BOX 748  
EDGEWATER, FL 32132**



01112008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3471015**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

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

**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 **\$5.00 May Be**  
Trust Fund Contribution. ☐ Added to Fees

**000000822413  
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

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 lines 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 #