

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P99000013017

1. Entity Name

L.C.S. ELECTRIC, INC.



Principal Place of Business

1830 E. KICKLIGHTER ROAD
LAKE HELEN, FL 32744

Mailing Address

PO BOX 597
LAKE HELEN, FL 32744



02072008 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3560758

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

SMITH, LAWRENCE C
1830 E. KICKLIGHTER ROAD
LAKE HELEN, FL 32744

**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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000823025
02/20/08-80019-025 150.00

10. OFFICERS AND DIRECTORS

TITLE DP
NAME SMITH, LAWRENCE C
STREET ADDRESS 1830 E. KICKLIGHTER ROAD
CITY-ST-ZIP LAKE HELEN, FL 32744

TITLE VD
NAME SMITH, ARTHUR C
STREET ADDRESS 899 MERCERS FERNERY RD.
CITY-ST-ZIP DELAND, FL 32720

TITLE STD
NAME SMITH, KIMBERLY A
STREET ADDRESS 1830 E. KICKLIGHTER ROAD
CITY-ST-ZIP LAKE HELEN, FL 32744

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/08 386-228-0818
Date Daytime Phone #