2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000032094

1. Entity Name

ACKTEL ELECTRIC COMPANY INCORPORATED



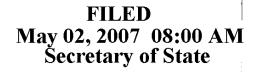
Principal Place of Business

126 W ADAMS ST SUITE 450 JACKSONVILLE, FL 32202

Mailing Address

PO BOX 52292

JACKSONVILLE, FL 32201-2292





04302007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3579225

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

| 6. | Name and | Address | of Current | Registered A | geni |
|----|----------|---------|------------|--------------|------|

HUEY, SEDLEY 2917 ISSER CT JACKSONVILLE, FL 32217

DO NOT WRITE IN THIS SPACE

| | e named entity submits this statement for the pations of registered agent. | ourpose of changing its registere | d office or | registered agent, or bo | oth, in the State of Florida. I am familia | r with, and accept |
|--|--|--|----------------|--------------------------------|--|--------------------|
| SIGNATURE. | | | | | | |
| | Signature, typed or printed name of registered agent and title | f applicable. (NOTE: Registered | Agent signatur | e required when reinstating) | DATE | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 | Election Campaign Finant Trust Fund Contribution | cing | \$5.00 May Be Added to Fees | U00000755468 05/22/07-80102-007 | ' 150.00 |
| 10. | OFFICERS AND DIREC | CTORS | | | | 1 1 1 1 1 |
| 'ITLE MAME STREET ADDRESS CITY+ST-ZIP | DP HUEY, SEDLEY 2917 ISSER CT JACKSONVILLE, FL 32217 | | | | | |
| TITLE MAME STREET ADDRESS DITY-ST-ZIP | | | | | | |
| NAME STREET ADDRESS DITY-ST-ZIP | | | | DO | NOT WRITE | |
| TITLE 'LAME STREET ADDRESS CITY-ST-ZIP | | | | IN : | THIS SPACE | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |

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 application.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF STANING OFFICER OR DIRECTOR

4/30/07

904 356-174