

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000045704

Entity Name: HUFFMAN ELECTRIC INC.

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

2620 AURORA RD
SUITE K
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

2620 AURORA RD
SUITE K
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: 59-3578889

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUFFMAN, LAURIE A
2621 BROOKSHIRE CIR.
WEST MELBOURNE, FL 32904 US

Name and Address of New Registered Agent:

HUFFMAN, LAURIE A
2620 AURORA RD..
SUITE K
MELBOURNE, FL 32935 US

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.

SIGNATURE:

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HUFFMAN, BOBBY R
Address: 2621 BROOKSHIRE CIR.
City-St-Zip: WEST MELBOURNE, FL 32904

Title: D () Delete
Name: HUFFMAN, LAURIE A
Address: 2621 BROOKSHIRE CIR
City-St-Zip: WEST MELBOURNE, FL 32904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURIE HUFFMAN

VP

04/30/2008

Electronic Signature of Signing Officer or Director

Date