## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S32943

City-St-Zip:

OVIEDO, FL 32765

Entity Name: LILES ELECTRIC COMPANY

FILED Apr 22, 2009 Secretary of State

Littly Na	ille. Lilles El	LECTRIC COMPANT			
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
185 DRENNEN RD., STE. 317 ORLANDO, FL 32806 US			2112 HOMEWOOD DR. ORLANDO, FL 32809	US	
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
185 DREN ORLANDO	INEN RD., ST ), FL 32806	E. 317 US	P.O. BOX 593884 ORLANDO, FL 32859	US	
FEI Number	: 59-3053265	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of I	Name and Address of New Registered Agent:	
ORLANDO The above	IEWOOD DRI ), FL 32809	US	ourpose of changing its registered o	office or registered agent, or both,	
SIGNATU					
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financir	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP ( LILES, MARTY 2112 HOMEW ORLANDO, FL	OOD DRIVE	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	D ( LILES, DORO 2112 HOMEW ORLANDO, FL	OOD DRIVE	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address:	S ( MACDONALD, 2705 HOWAR		Title: ( Name: Address:	) Change ()Addition	

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.

City-St-Zip:

SIGNATURE: DOROTHY LILES D 04/22/2009