2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # V03513

1. Entity Name

L. BENNETT ELECTRICAL SERVICES, INC.



FILED Jan 28, 2008 08:00 AN Secretary of State

Principal Place of Business

2500 LAKE JOSEPHINE DR SEBRING, FL 33872 Mailing Address

2500 LAKE JOSEPHINE DR SEBRING, FL 33872



01232008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3101035

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Certificate of Stat

MOITE

6. Name and Address of Current Registered Agent

BENNETT, LESTER M. 2500 LAKE JOSEPHINE DR SEBRING, FL 33872

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| 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. typod or printed name of registered agent and tritle 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 Finance Trust Fund Contribution. | | | | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND DIREC | CTORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT BENNETT, LESTER M. 2500 LAKE JOSEPHINE DR SEBRING, FL | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS BENNETT, CONNIE J. 2500 LAKE JOSEPHINE DR SEBRING, FL | ·. | | | U00000802643 02/04/08-80008-010 158.75 |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP | | | · 1 | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE 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 address, with all other like empowered.

SIGNATURE:

INGNATURE AND TYPED OR MINTED NAME OF SIGNING OFFICER OR DIRECT

01-24-2006

863-655-1125

Daytime Phone i