

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # V442226	
1. Entity Name B.P. ELECTRIC, INC.	

Principal Place of Business 212 US HWY ONE SUITE 22 TEQUESTA FL 33469 US	Mailing Address P.O. BOX 2070 HOBE SOUND FL 33475 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent PAINTER, BRETT R. 5186 SOUTHEAST HARROLD TERRACE STUART FL 34997
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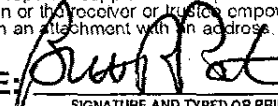
4. FEI Number 65-0385434	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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.	9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY ST ZIP	CITY ST ZIP	CITY ST ZIP	CITY ST ZIP
☐ Delete	☐ Change ☐ Add	☐ Change ☐ Add	☐ Change ☐ Add
PAINTER, BRETT R.	000000647585		
5186 S.E. HARROLD TERR.	03/06/07-80079-008 150.00		
STUART FL			
☐ Delete	☐ Change ☐ Add	☐ Change ☐ Add	☐ Change ☐ Add
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  BRETT R. PAINTER PRES. 2/20/07 561 745 296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR