

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L41779

**FILED**  
**Feb 24, 2014**  
**Secretary of State**  
**CC8295046255**

**Entity Name:** ALDAN ELECTRIC SUPPLY, INC. OF TAMPA

**Current Principal Place of Business:**

734 BROOKHAVEN DRIVE  
ORLANDO, FL 32803

**Current Mailing Address:**

734 BROOKHAVEN DRIVE  
ORLANDO, FL 32803 US

**FEI Number:** 59-2984800

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PHALIN, LAWRENCE J  
225 E ROBINSON ST #600  
ORLANDO, FL 32802 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           DIRECTOR  
Name           WILLIAMS, DAN  
Address        734 BROOKHAVEN DR  
City-State-Zip: ORLANDO FL 32803

Title           S  
Name           WILLIAMS, ANN N  
Address        6500 LAKE EMMA RD  
City-State-Zip: GROVELAND FL

Title           D  
Name           WILLIAMS, BEN  
Address        6500 LAKE EMMA RD  
City-State-Zip: GROVELAND FL

*I hereby 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 all other like empowered.*

**SIGNATURE:** ANN N WILLIAMS

**SECRETARY**

**02/24/2014**

Electronic Signature of Signing Officer/Director Detail

Date