



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90083 016 ***158.75

DOCUMENT # 503504					
1. Entity Name DOYLE ELECTRIC SERVICES, INC.					
Principal Place of Business 3415 QUEEN PALM DRIVE TAMPA, FL 33619			Mailing Address 3415 QUEEN PALM DRIVE TAMPA, FL 33619		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1675039	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8:75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MARLOWE, STEVE 324 S HYDE PARK AVE SUITE 210 TAMPA, FL 33606			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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOYLE, DEBORAH T.		NAME		
STREET ADDRESS	5006 LANGDALE WAY		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	CEO /Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOYLE, P.H., JR.		NAME	Doyle, P.H., Jr.	
STREET ADDRESS	5006 LANGDALE WAT		STREET ADDRESS	5006 Langdale Way	
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP	Tampa, FL 33647	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	Pres./Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATCHER, LONNIE J		NAME	Hatcher, Lonnie J	
STREET ADDRESS	1102 RIFLECREST AVE		STREET ADDRESS	1728 Soggy Bottom Trail	
CITY-ST-ZIP	VALRICO, FL 33594		CITY-ST-ZIP	Plant City, FL 33565	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Johnson, Scott I.	
STREET ADDRESS			STREET ADDRESS	4110 SW 12th Place	
CITY-ST-ZIP			CITY-ST-ZIP	Cape Coral, FL 33914	
TITLE		<input type="checkbox"/> Delete	TITLE	Asst. Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Kukwa, Gregory A.	
STREET ADDRESS			STREET ADDRESS	3515 Springville Dr.	
CITY-ST-ZIP			CITY-ST-ZIP	Valrico, FL 33594	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.33(4), 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: 			P.H. Doyle, Jr.		4-4-2005 (813) 630-4600
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>