

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 503504

FILED
Apr 16, 2009
Secretary of State

Entity Name: DOYLE ELECTRIC SERVICES, INC.

Current Principal Place of Business:

3415 QUEEN PALM DRIVE
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

3415 QUEEN PALM DRIVE
TAMPA, FL 33619

New Mailing Address:

FEI Number: 59-1675039 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARLOWE, STEVE
1560 W. CLEVELAND ST.
TAMPA, FL 336061807 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: DOYLE, DEBORAH T.
Address: 507 BEACON SOUND WAY
City-St-Zip: APOLLO BEACH, FL 33572

Title: CEOD () Delete
Name: DOYLE, P.H., JR.
Address: 507 BEACON SOUND WAY
City-St-Zip: APOLLO BEACH, FL 33572

Title: PD () Delete
Name: HATCHER, LONNIE J
Address: 1728 SOGGY BOTTOM TRAIL
City-St-Zip: PLANT CITY, FL 33565

Title: V () Delete
Name: JOHNSON, SCOTT L.
Address: 4110 SW 12TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

Title: AS () Delete
Name: KUKWA, GREGORY A.
Address: 3515 SPRINGVILLE DRIVE
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: HATCHER, LONNIE J
Address: 1907 MASTER WAY
City-St-Zip: PLANT CITY, FL 33566

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: GREGORY A. KUKWA

AS

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date