2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # 629123

1. Entity Name

RESIDENTIAL ELECTRICAL SERVICE, INC.

Principal Place of Business	Mailing Address
115 HANNON MILL RD TALLAHASSEE FL 32305	115 HANNON MILL RD TALLAHASSEE FL 32305

2. Principal Place of Business	3. Mailing Address
Residential Electrical	Residential Electrical Services
Suite, Apt # etc. 115 Hannon Mill Road	Suite, Apt #, etc. 115 Hannon Mill Road
City & State Tallahassee, Florida	City & State Tallahassee, Florida
Zip 32305 Country United States	Zip 32305 Country United States

1st MOORE CR2E034 (10/05)

4. FEI Number 59-1924804 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THAXTON, DENNIS
115 HANNON MILLS RD
TALLAHASSEE FL 32304

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.

SIGNATURE ______________________________

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THAXTON, DENNIS 115 HANNON MILLS RD TALLAHASSEE FL 32305 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition H00000504706 04/26/06-80080-022 150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Dennis Thaxton Dennis Thaxton 4-14-06 850-656-1306