

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 670105

**FILED
Jun 29, 2005
Secretary of State**

Entity Name: CONTROL ELECTRIC SERVICES, INC.

Current Principal Place of Business:

2172 PLATINUM RD
STE 15
APOPKA, FL 32703 US

New Principal Place of Business:

2172 PLATINUM RD
STE G
APOPKA, FL 32703 US

Current Mailing Address:

2172 PLATINUM RD
STE 15
APOPKA, FL 32703 US

New Mailing Address:

2172 PLATINUM RD
STE G
APOPKA, FL 32703 US

FEI Number: 59-2001098

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OREFICE, SUSAN L.
829 TRAILWOOD DR
APOPKA, FL 32712 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: D () Delete
Name: OREFICE, SALVATORE,
Address: 829 TRAILWOOD DR
City-St-Zip: APOPKA, FL

Title: SP () Delete
Name: OREFICE, SUSAN L.,
Address: 829 TRAILWOOD DR
City-St-Zip: APOPKA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 for the exemption stated in Section 119.07(3)(i), 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: SUSAN L. OREFICE

SEC

06/29/2005

Electronic Signature of Signing Officer or Director

_____ Date