

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 670105

FILED  
Aug 29, 2011  
Secretary of State

**Entity Name:** CONTROL ELECTRIC SERVICES, INC.

**Current Principal Place of Business:**

564 COOPER COMMERCE DRIVE  
SUITE 500  
APOPKA, FL 32703 US

**New Principal Place of Business:**

**Current Mailing Address:**

564 COOPER COMMERCE DRIVE  
SUITE 500  
APOPKA, FL 32703 US

**New Mailing Address:**

**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.  
594 POMONA DRIVE  
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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: OREFICE, SALVATORE  
Address: 594 POMONA DRIVE  
City-St-Zip: APOPKA, FL

Title: SP  
Name: OREFICE, SUSAN L.  
Address: 594 POMONA DRIVE  
City-St-Zip: APOPKA, FL

Title: VP  
Name: THOMAS, BRYAN  
Address: 829 TRAILWOOD DRIVE  
City-St-Zip: APOPKA, FL 32712

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: SUSAN L. OREFICE

TREA

08/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date