

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 FEB 18 PM 3:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA




02132004 No Chg-P CR2E034 (10/03)

4. FEI Number **56-1471460** Applied For  Not Applicable

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

**DOCUMENT # F02000005738**  
1. Entity Name  
**NEW SOUTH ELECTRICAL CONSTRUCTORS, INC.**



Principal Place of Business  
**837 SOUTH MAIN STREET  
TROUTMAN, NC 28166**

Mailing Address  
**P.O. BOX 1050  
TROUTMAN, NC 28166**

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  
**KNOX, J. CRAIG ESQ  
1558 VILLAGE SQUARE BLVD.  
TALLAHASSEE, FL 32309**

**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP SHERRILL, CLINTON LYNN 837 SOUTH MAIN STREET TROUTMAN, NC 28166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STUTTS, RICHARD A 837 SOUTH MAIN STREET TROUTMAN, NC 28166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORRISON, B.L. JR. 837 SOUTH MAIN STREET TROUTMAN, NC 28166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCDOWELL, LOIS 837 SOUTH MAIN STREET TROUTMAN, NC 28166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Lois McDowell **Lois McDowell, Treas** **2/16/04** **704-528-5347**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR - Date Daytime Phone #