

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90107 030 ***150.00

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

DO NOT WRITE IN THIS SPACE

50003311

2. Principal Place of Business 837 SOUTH MAIN STREET Suite, Apt. #, etc.	3. Mailing Address PO BOX 1050 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State TROUTMAN, NC	City & State TROUTMAN, NC	4. FEI Number 56-1471460	Applied For Not Applicable
Zip 28166	Country US	Zip 28166	Country US

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **CRAIG J. KNOX**
Street Address (P.O. Box Number is Not Acceptable)
229 PINEWOOD DRIVE

City **TALLAHASSEE** FL Zip Code **32303**

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 of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January: 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		
TITLE PRESIDENT NAME CLINTON LYNN SHERRILL STREET ADDRESS 837 SOUTH MAIN STREET CITY-ST-ZIP TROUTMAN, NC 28166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE VICE PRESIDENT NAME RICHARD A STUTTS STREET ADDRESS 837 SOUTH MAIN STREET CITY-ST-ZIP TROUTMAN, NC 28166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE SECRETARY NAME B. L. MORRISON, JR. STREET ADDRESS 837 SOUTH MAIN STREET CITY-ST-ZIP TROUTMAN, NC 28166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE TREASURER NAME LOIS MCDOWELL STREET ADDRESS 837 SOUTH MAIN STREET CITY-ST-ZIP TROUTMAN, NC 28166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other the empowered.

SIGNATURE: Lois McDowell, Treas Date 12-14-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 704-528-5347

William D. Coffey 12/20/04

CR2E034B (1/2002)