2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L68694

Entity Name: CURRENT ELECTRIC SERVICE, INC.

FILED Jan 07, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
Current Principal Place of Business:	New Principal Place of Business

5701 DIVISION DRIVE

SUITE B

FORT MYERS, FL 33905 US

Current Mailing Address: New Mailing Address:

5701 DIVISION DR. 5701 DIVISION DRIVE

SUITE B SUITE B SOUTH MYEDS EL 22005

FORT MYERS, FL 33905 US FORT MYERS, FL 33905 US

FEI Number: 65-0187527 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PARENT, DAVID
5701 DIVISION DR.
5UITE B

PARENT, DAVID
5701 DIVISION DRIVE
SUITE B

SUITE B

FT. MYERS, FL 33905 US FORT MYERS, FL 33905 US

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: DAVID PARENT 01/07/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition

Name: PARENT, DAVID, Name: PARENT, DAVID

Address: 3859 HIDDEN ACRES CIRCLE
City-St-Zip: N. FORT MYERS, FL
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: DST () Delete Title: DST (X) Change () Addition

 Name:
 FORTIN, JOHN,
 Name:
 FORTIN, JOHN

 Address:
 7810 DENI DR
 Address:
 7810 DENI DRIVE

City-St-Zip: N FORT MYERS, FL City-St-Zip: NORTH FORT MYERS, FL 33917

Title: DV () Delete Title: DV (X) Change () Addition

Name: PARENT, LYNN Name: PARENT, LYNN

Address: 3859 HIDDEN ACRES CIRCLE Address: 3859 HIDDEN ACRES CIRCLE
City-St-Zip: N. FORT MYERS, FL 33903

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DAVID PARENT DP 01/07/2009