

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000105551

Entity Name: GASKIN ELECTRIC, INC.

FILED
Apr 27, 2005
Secretary of State

Current Principal Place of Business:

154 MCCEWEN ST
BRUCE, FL 32455

New Principal Place of Business:

39 SUNSET TRAIL
FREEPORT, FL 32439

Current Mailing Address:

154 MCCEWEN ST
BRUCE, FL 32455

New Mailing Address:

39 SUNSET TRAIL
FREEPORT, FL 32439

FEI Number: 27-0068825

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELAM, JULIE R
242 BEACHVIEW DR
FT WALTON BCH, FL 32547 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: PD () Delete
Name: GASKIN, DON E
Address: 154 MCCEWEN ST
City-St-Zip: BRUCE, FL 32455

Title: STD () Delete
Name: GASKIN, CINDY L
Address: 154 MCCEWEN ST
City-St-Zip: BRUCE, FL 32455

Title: VPD () Delete
Name: OGLESBY, ROY M
Address: 7720 HWY 189 N
City-St-Zip: BAKER, FL 32531

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GASKIN, DON E
Address: 39 SUNSET TRAIL
City-St-Zip: FREEPORT, FL 32439

Title: STD (X) Change () Addition
Name: GASKIN, CINDY L
Address: 39 SUNSET TRAIL
City-St-Zip: FREEPORT, FL 32439

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: CINDY L GASKIN

STD

04/27/2005

Electronic Signature of Signing Officer or Director

_____ Date