


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000126632**

1. Entity Name  
PLEDGER ELECTRICAL, HEATING AND AIR, INC.



Principal Place of Business  
399 HWY 73  
MARIANNA, FL 32448 US

Mailing Address  
399 HWY 73  
MARIANNA, FL 32448 US

**DO NOT WRITE IN THIS SPACE**



02142005 No Chg-P CR2E034 (10/03)

4. FEI Number  
20-0384186 Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

C. SHA'RON JAMES  
2629 BLAIR STONE ROAD  
TALLAHASSEE, FL 32301

**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 C. Sha'Ron James  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PLEDGER, CHARLES E
STREET ADDRESS	399 HWY 73
CITY-ST-ZIP	MARIANNA, FL 32448
TITLE	VP
NAME	PLEDGER, BARBARA C
STREET ADDRESS	399 HWY 73
CITY-ST-ZIP	MARIANNA, FL 32448
TITLE	VP
NAME	PLEDGER, CHARLES A
STREET ADDRESS	399 HWY 73
CITY-ST-ZIP	MARIANNA, FL 32448
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000240690  
02/24/05-R0013-017 150.00

**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)(f), 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: Barbara C. Pledger  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2-22-05 850-487-9620  
Date Daytime Phone #