


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90038 049 \*\*\*158.75

<b>DOCUMENT # P04000037545</b> 1. Entity Name <b>A OK ELECTRICAL SERVICES, INC.</b>	
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Principal Place of Business <b>3232 N. TAMIAMI TRAIL BLDG. B SARASOTA, FL 34234</b>	Mailing Address <b>3232 N. TAMIAMI TRAIL BLDG. B SARASOTA, FL 34234</b>
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40004702



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01172005    Chg-P    CR2E034 (10/03)

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>TOALE, JAMES E</b> <b>2750 RINGLING BLVD.</b> <b>STE. 3</b> <b>SARASOTA, FL 34237</b>		Name	Street Address (P.O. Box Number is Not Acceptable)
		City	Zip Code

4. FEI Number <b>20-0862794</b>	Applied For <input type="checkbox"/> Not Applicable
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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)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>PSTD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BIXBY, MICHAEL</b>	NAME	
STREET ADDRESS	<b>3232 N. TAMIAMI TRAIL, BLDG. B</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA, FL 34234</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELLIS, NICK JR.</b>	NAME	
STREET ADDRESS	<b>3232 N. TAMIAMI TRAIL, BLDG. B</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA, FL 34234</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Michael Bixby</i> <b>Michael Bixby</b>	Date: <b>1-19-05</b>	Daytime Phone #: <b>941-359-6411</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #