

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000037085

FILED  
Apr 18, 2005  
Secretary of State

Entity Name: AARONS ELECTRIC SERVICE, INC.

**Current Principal Place of Business:**

747 NORTH RIDGE RD  
EASTPOINT, FL 32328

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 662  
EASTPOINT, FL 32328 US

**New Mailing Address:**

FEI Number: 59-3446470      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HIPPENSTEAL, AARON C II  
747 NORTH RIDGE RD  
EASTPOINT, FL 32328 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: P ( ) Delete  
Name: HIPPENSTEAL, AARON  
Address: 747 N RIDGE RD  
City-St-Zip: EAST POINT, FL 32328

Title: S ( ) Delete  
Name: HIPPENSTEAL, PEGGY L  
Address: 747 N RIDGE ROAD  
City-St-Zip: EASTPOINT, FL 32328

Title: S ( ) Delete  
Name: SHIVER, BRAD  
Address: 743 RIDGE RD.  
City-St-Zip: EASTPOINT, FL 32328

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: AARON CARL HIPPENSTEAL

P

04/18/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date