2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 355830

Entity Name: BAIR'S ELECTRONICS SERVICE, INC.

Current Principal Place of Business: New Principal Place of Business: 557 S.E. AVE. E BELLE GLADE, FL 33430 **Current Mailing Address: New Mailing Address:** 557 DR. MLK JR BLVD EAST BELLE GLADE, FL 33430 FEI Number: 59-1278763 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: BAIR, GLENN E 557 ML KING JR BLVD E BELLE GLADE, FL 33430 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition BAIR, GLENN EUGENE, Name: Name: 557 S.E. AVENUE E Address: Address: City-St-Zip: BELLE GLADE, FL City-St-Zip: Title: SD Title: () Delete () Change () Addition Name: MCMILLAN, JUDITH ANN Name: 716 N.W. 2ND ST. Address: Address: BELLE GLADE, FL 33430 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition BAIR, DONNA C., Name: Name: 1037 TABIT ROAD Address: Address: City-St-Zip: BELLE GLADE, FL City-St-Zip: Title: VPD () Delete Title: () Change () Addition BAIR, GLENN E III Name: Name: Address: 557 SE AVE E Address: City-St-Zip: BELLE GLADE, FL City-St-Zip: Title: Title: () Delete () Change () Addition BAIR, SHELLI Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE:	DONNA C BAIR	TD	01/03/2005

P.O. BOX 2625

BELLE GLADE, FL 33430

Address:

City-St-Zip:

FILED Jan 03, 2005

Secretary of State