


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90182 012 ***150.00

DOCUMENT # 449103 1. Entity Name WEST'S ELECTRIC SERVICE, INC.			
Principal Place of Business 616 ELDORADO PKWY CAPE CORAL, FL 33904		Mailing Address 616 ELDORADO PKWY CAPE CORAL, FL 33904	
2. Principal Place of Business 1925 Virginia Avenue		3. Mailing Address 1925 Virginia Avenue	
Suite, Apt. #, etc. #1401		Suite, Apt. #, etc. #1401	
City & State Fort Myers, FL		City & State Fort Myers, FL	
Zip 33901	Country United States	Zip 33901	Country United States
4. FEI Number 59-1521676		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEST, WARREN 616 EL DORADO PKWY CAPE CORAL, FL 33904		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 <u>Warren C. West</u> DATE <u>2/24/2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO WEST, WARREN 616 EL DORADO PKWAY CAPE CORAL, FL	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENSEN, ERIK C 526 S.E. 2ND ST. CAPE CORAL, FL 33990	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Paul E. Stauffer 2609 Shelby Parkway Cape Coral, FL 33904	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Paul E. Stauffer 2609 Shelby Parkway Cape Coral, FL 33904	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Warren C. West</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Warren C. West, President 239-565-4166 2/24/2005 <small>Date Daytime Phone #</small>	