

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 474205

FILED  
Mar 15, 2005  
Secretary of State

Entity Name: GLOBE ELECTRICAL CONTRACTORS, INC.

**Current Principal Place of Business:**

1704-5 LAKESIDE AVE.  
#5  
SAINT AUGUSTINE, FL 32084 US

**New Principal Place of Business:**

1745 LAKESIDE AVE.  
SAINT AUGUSTINE, FL 32084 US

**Current Mailing Address:**

1704-5 LAKESIDE AVE.  
#5  
SAINT AUGUSTINE, FL 32084 US

**New Mailing Address:**

1745 LAKESIDE AVE.  
SAINT AUGUSTINE, FL 32084 US

FEI Number: 59-1583550      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

JONES, BARBARA L.  
11637 COLUMBIA PK DR EAST  
JACKSONVILLE, FL 32258 US

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

JONES, BARBARA L.  
1745 LAKESIDE AVE.  
ST. AUGUSTINE, FL 32084 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: BARBARA L. JONES

03/15/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: JONES, BARBARA L.,  
Address: 11637 COLUMBIA PARK DR EAST  
City-St-Zip: JACKSONVILLE, FL

Title: ST ( ) Delete  
Name: JONES, CHARLES W.,  
Address: 11637 COLUMBIA PARK DR EAST  
City-St-Zip: JACKSONVILLE, FL

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

Title: P (X) Change ( ) Addition  
Name: JONES, BARBARA L.,  
Address: 1745 LAKESIDE AVE.  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: ST (X) Change ( ) Addition  
Name: JONES, CHARLES W.,  
Address: 1745 LAKESIDE AVE.  
City-St-Zip: ST. AUGUSTINE, FL 32084

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: BARBARA L. JONES

PRES

03/15/2005

Electronic Signature of Signing Officer or Director

Date