

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90063 038 ***158.75

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02232005 Chg-P CR2E034 (10/03)

DOCUMENT # 493079 1. Entity Name EVERREADY ELECTRIC SERVICES, INC.					
Principal Place of Business 1509 GRAM LANE TALLAHASSEE, FL 32310			Mailing Address 1509 GRAM LANE TALLAHASSEE, FL 32310 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-1636147	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GRAMLING WILBUR R 1501 GRAM LANE TALLAHASSEE, FL 32310			7. Name and Address of New Registered Agent Name LEON GLENN GRAMLING Street Address (P.O. Box Number is Not Acceptable) 1509 GRAM LANE City TALLAHASSEE FL Zip Code 32310		
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 LEON GLENN GRAMLING <i>Leon Glenn Gramling</i> 3-9-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE</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	PV GRAMLING, WILBUR R 1509 GRAM LANE TALLAHASSEE, FL 32310 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEON GLENN GRAMLING <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1509 GRAM LANE TALLAHASSEE, FL 32310 PY ST		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GRAMLING, WILBUR RAY 1509 GRAM LANE TALLAHASSEE, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: LEON GLENN GRAMLING <i>Leon Glenn Gramling</i> 3-9-05 (850) 576-7171 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					