


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90024 003 ***158.75

DOCUMENT # 524058	
1. Entity Name PAUL'S ELECTRIC SERVICE, INC.	

Principal Place of Business 3691 63RD AVE NO PINELLAS PARK, FL 33781 US	Mailing Address 3691 63RD AVE NO PINELLAS PARK, FL 33781 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01112005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent	
KNAUST, WARREN J 3151 3RD AVE NO ST. PETERSBURG, FL	

7. Name and Address of New Registered Agent	
Name PAUL S. MARCH	
Street Address (P.O. Box Number is Not Acceptable)	
6209 2nd AVENUE NORTH	
City	Zip Code
ST. PETERSBURG FL	33710

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: *Paul S. March* *Paul S. March, President* DATE: *1-27-05*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLYDE, STUART <input checked="" type="checkbox"/> Delete 8297 59TH WAY N. PINELLAS PARK, FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MARCH, PAUL <input type="checkbox"/> Delete 6209 2ND AVE NO SAINT PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres./Dir. Paul S. March <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6209 2nd Avenue North St. Petersburg, FL 33710
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *Paul S. March* Paul S. March DATE: *1-27-05* 787-527-3184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR