

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 670105

FILED  
Jun 23, 2009  
Secretary of State

Entity Name: CONTROL ELECTRIC SERVICES, INC.

## Current Principal Place of Business:

2172 PLATINUM RD  
STE G  
APOPKA, FL 32703 US

## New Principal Place of Business:

564 COOPER COMMERCE DRIVE  
SUITE 500  
APOPKA, FL 32703 US

## Current Mailing Address:

2172 PLATINUM RD  
STE G  
APOPKA, FL 32703 US

## New Mailing Address:

564 COOPER COMMERCE DRIVE  
SUITE 500  
APOPKA, FL 32703 US

FEI Number: 59-2001098

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OREFICE, SUSAN L.  
829 TRAILWOOD DR  
APOPKA, FL 32712 US

## Name and Address of New Registered Agent:

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:

Title: D ( ) Delete  
Name: OREFICE, SALVATORE  
Address: 829 TRAILWOOD DR  
City-St-Zip: APOPKA, FL

Title: SP ( ) Delete  
Name: OREFICE, SUSAN L.  
Address: 829 TRAILWOOD DR  
City-St-Zip: APOPKA, FL

Title: VP ( ) Delete  
Name: THOMAS, BRYAN  
Address: 802 TRAILWOOD DRIVE  
City-St-Zip: APOPKA, FL 32712

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SUSAN L. OREFICE

TREA

06/23/2009

Electronic Signature of Signing Officer or Director

Date