## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#816485**

FILED Jun 30, 2004 Secretary of State

Entity Name: PIKE ELECTRIC, INC.

	Principal Place	of Business:	New Principal Plac	e of Business:
00 PIKE ' MOUNT A	WAY NRY, NC 27030	US		
Current N	/lailing Address	::	New Mailing Addre	ss:
о вох	868			
	AIRY, NC 27030	US		
El Number	r: 56-0587238	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of Cu	ırrent Registered Agent:	Name and Address	of New Registered Agent:
1200 S. PI	PORATION SYST INE ISLAND RO TION, FL 33324			
	e named entity so e of Florida.	ubmits this statement for the p	urpose of changing its register	red office or registered agent, or both,
SIGNATU	RE:			
	Electronic	Signature of Registered Age	ent	Date
		(2)(b), F.S., the corporation did no Trust Fund Contribution ( ).	t receive the prior notice.	
OFFICER	S AND DIRECT	ORS:	ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTORS:
itle:	PD ()[ PIKE, JOE B.,	Delete	Title:	() Change () Addition
\ddress:	MONTCLAIR DR MOUNT AIRY, NO		Name: Address: City-St-Zip:	
oddress: Dity-St-Zip: Title: Jame: oddress:	MONTCLAIR DR MOUNT AIRY, NO	Delete RT B, t DR.	Address:	( ) Change() Addition
lame: ddress: Dity-St-Zip: Title: lame: ddress: Dity-St-Zip: Title: lame: ddress: Dity-St-Zip: Dity-St-Zip:	MONTCLAIR DR MOUNT AIRY, NO VD () I RATLIFF, ROBEI 565 MONTCLAIR MOUNT AIRY, NO	Delete RT B, t DR. C Delete IALD L.,	Address: City-St-Zip: Title: Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition
Address: Dity-St-Zip: Title: Jame: Address: Dity-St-Zip: Title: Jame: Address:	MONTCLAIR DR MOUNT AIRY, NO VD () [ RATLIFF, ROBEI 565 MONTCLAIR MOUNT AIRY, NO STD () [ BANNER, REGIN GRANDVIEW DR	Delete RT B, I DR. C Delete IALD L., C Delete Y G DR	Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	
Address: City-St-Zip: Citle: Lame: Address: City-St-Zip: Citle: Lame: Address: City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip: Citle: City-St-Zip: Citle: City-St-Zip: Citle: City-St-Zip: City-St-Z	MONTCLAIR DR MOUNT AIRY, NO  VD () I RATLIFF, ROBEI 565 MONTCLAIR MOUNT AIRY, NO  STD () I BANNER, REGIN GRANDVIEW DR MOUNT AIRY, NO  AV () I SURRATT, KELL 512 RIDGEWAY MOUNT AIRY, NO	Delete RT B, R DR. C Delete ALD L., RIVE C Delete C Delete F G DR C C 27030 Delete E G IILL RD	Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address: Address:	( ) Change ( ) Addition

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: JOSEPH E. PIKE P/D 06/30/2004