

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 816485

FILED  
Apr 10, 2009  
Secretary of State

Entity Name: PIKE ELECTRIC, INC.

**Current Principal Place of Business:**

100 PIKE WAY  
MOUNT AIRY, NC 27030 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 868  
MOUNT AIRY, NC 27030 US

**New Mailing Address:**

FEI Number: 56-0587238      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 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: CEO ( ) Delete  
Name: PIKE, JOSEPH E CEO/P  
Address: 2350 WILLIAMS ROAD  
City-St-Zip: LEWISVILLE, NC 27023

Title: CFO ( ) Delete  
Name: SLATER, ANTHONY K CFO  
Address: 6440 OLD US 421 HWY  
City-St-Zip: EAST BEND, NC 27018

Title: TREA ( ) Delete  
Name: MULLINS, JONATHAN H TREAS  
Address: 485 PINEVIEW DRIVE  
City-St-Zip: MOUNT AIRY, NC 27030

Title: SEC ( ) Delete  
Name: FOX, JAMES R SEC  
Address: 626 SUMMIT STREET  
City-St-Zip: WINSTON-SALEM, NC 27101

Title: VP ( ) Delete  
Name: SIMMONS, AUDIE G VP  
Address: 1945 REEVES MILL ROAD  
City-St-Zip: MOUNT AIRY, NC 27030

Title: VP ( ) Delete  
Name: JENNETTE, MARK L VP  
Address: 128 S. TRYON ST., SUITE 112  
City-St-Zip: CHARLOTTE, NC 28202 US

**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:

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: JONATHAN H MULLINS

TREA

04/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date