

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # F06000003252

1. Entity Name
CES ELECTRICAL, INC.



Principal Place of Business
139 CAMPANELLI DRIVE
MIDDLEBORO, MA 02346

Mailing Address
139 CAMPANELLI DRIVE
MIDDLEBORO, MA 02346



01302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1561549

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and type if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May-1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CPST
EPSTEIN, MARK
139 CAMPANELLI DRIVE
MIDDLEBORO, MA 02346

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROSELLE, ARTHUR
139 CAMPANELLI DRIVE
MIDDLEBORO, MA 02346

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SMITH, SEAN
139 CAMPANELLI DRIVE
MIDDLEBORO, MA 02346

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
LLOYD, JOHN
145 PARK LANE
BRISBANE, CA 94005

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000620560
02/09/07-80042-008 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 I changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/2007
Date

508-946-8500
Daytime Phone #