

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F40602

Entity Name: MCAFEE ELECTRIC, INC.

FILED  
Feb 25, 2005  
Secretary of State

## Current Principal Place of Business:

1860 OLD OKEECHOBEE RD, STE 205  
WEST PALM BEACH, FL 33409

## Current Mailing Address:

1860 OLD OKEECHOBEE RD, STE 205  
WEST PALM BEACH, FL 33409

## New Principal Place of Business:

1860 OLD OKEECHOBEE ROAD  
SUITE 205  
WEST PALM BEACH, FL 33409

## New Mailing Address:

1860 OLD OKEECHOBEE ROAD  
SUITE 205  
WEST PALM BEACH, FL 33409

FEI Number: 59-2094232

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MCAFEE, ROBERT E., JR.  
590 SANTA FE ROAD  
WEST PALM BEACH, FL 33406 US

## Name and Address of New Registered Agent:

MCAFEE, PAMELA E DPT  
590 SANTA FE ROAD  
WEST PALM BEACH, FL 33406 US

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: MCAFEE, ROBERT E., JR.

02/25/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: V ( ) Delete  
Name: MCAFEE, ROBERT E., J. R.  
Address: 590 SANTA FE ROAD  
City-St-Zip: WEST PALM BEACH, FL00000,

Title: D ( ) Delete  
Name: MCAFEE, PAMELA E,  
Address: 590 SANTA FE ROAD  
City-St-Zip: WEST PALM BEACH, FL00000,

Title: VPS (X) Delete  
Name: MCAFEE, ROBERT E. JR., .  
Address: 590 SANTA FE ROAD  
City-St-Zip: WEST PALM BEACH, FL

Title: DPT (X) Delete  
Name: MCAFEE, PAMELA E.,  
Address: 590 SANTA FE ROAD  
City-St-Zip: WEST PALM BEACH, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPS (X) Change ( ) Addition  
Name: MCAFEE, ROBERT E VPS  
Address: 590 SANTA FE ROAD  
City-St-Zip: WEST PALM BEACH, FL 33406

Title: DPT (X) Change ( ) Addition  
Name: MCAFEE, PAMELA E DPT  
Address: 590 SANTA FE ROAD  
City-St-Zip: WEST PALM BEACH, FL 33406

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 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 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: PAMELA E. MCAFEE

DPT

02/25/2005

Electronic Signature of Signing Officer or Director

Date