

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F72590

FILED
Feb 15, 2005
Secretary of State

Entity Name: ELECTRIC MOTOR REPAIR SERVICE OF FORT WALTON BEACH, INC.

Current Principal Place of Business:

90 SKIPPER AVE.
FT. WALTON BEACH, FL 325476742 US

New Principal Place of Business:

Current Mailing Address:

90 SKIPPER AVE.
FORT WALTON BEACH, FL 32547 US

New Mailing Address:

FEI Number: 59-2185119 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

OGLESBY, LESLIE N
90 SKIPPER AVE.
FT. WALTON BEACH, FL 32547 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: P () Delete
Name: OGLESBY, LESLIE N
Address: 2600 PALAMEANO CT.
City-St-Zip: CRESTVIEW, FL 32536

Title: ST () Delete
Name: TILTON, SHARON R ST
Address: 194 BIRCH ST.
City-St-Zip: FREEPORT, FL 32439

Title: V () Delete
Name: OGLESBY, LESLIE N V
Address: 2600 PALAMEANO CT.
City-St-Zip: CRESTVIEW, FL 32536

Title: V () Delete
Name: BROXSON, GRADY A V
Address: 83 EDGEWOOD
City-St-Zip: FREEPORT, FL 32439

Title: OM () Delete
Name: TILTON, SHARON R OM
Address: 194 BIRCH ST.
City-St-Zip: FREEPORT, FL 32439

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: OGLESBY, LESLIE N PRES
Address: 2600 PALAMEANO CT.
City-St-Zip: CRESTVIEW, FL 32536

Title: S/T (X) Change () Addition
Name: TILTON, SHARON R S/T
Address: 194 BIRCH ST.
City-St-Zip: FREEPORT, FL 32439

Title: VP (X) Change () Addition
Name: OGLESBY, LESLIE N VP
Address: 6198 SUNDEW STREET
City-St-Zip: CRESTVIEW, FL 32536

Title: VP (X) Change () Addition
Name: BROXSON, GRADY A VP
Address: 83 EDGEWOOD
City-St-Zip: FREEPORT, FL 32439

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: SHARON TILTON

S/T

02/15/2005

Electronic Signature of Signing Officer or Director

_____ Date