2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G53984

Entity Name: HCE ELECTRIC, INC.

FILED Feb 16, 2005 Secretary of State

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Current P	rincipal Place	e of Business:	New Prince	New Principal Place of Business:		
P.O. BOX	H ST., NW 3036 HAVEN, FL 33	881		H ST., NW HAVEN, FL 33881		
Current M	lailing Addres	ss:	New Maili	New Mailing Address:		
P.O. BOX	H ST., NW 3036 HAVEN, FL 33	881	PO BOX 3 WINTER H	036 HAVEN, FL 33885		
FEI Number:	: 59-2318164	FEI Number Applied For ()	FEI Number Not App	licable () Certif	icate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and	Address of New R	egistered Agent:	
1900 FIFTI	CIUS M JR H ST., NW HAVEN, FL 33	9881 US	DYAL, LUC 1900 FIFTI WINTER		US	
	named entity e of Florida.	submits this statement for the pu	urpose of changing i	ts registered office o	r registered agent, or both,	
SIGNATURE:				02/16/2005		
	Electro	nic Signature of Registered Ager	nt		Date	
Election Car	npaign Financin	g Trust Fund Contribution ().				
OFFICERS	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D (MIXON, GERA 1900 FIFTH ST WINTER HAVE	-,N.W.	Title: Name: Address: City-St-Zip:	PD (X) Chang MIXON, KEITH D 1900 FIFTH ST NW WINTER HAVEN, FL 3	e () Addition	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	VP () Chang MIXON, GREGORY C 1900 FIFTH ST NW WINTER HAVEN, FL 3	e (X) Addition	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	VP () Chang MIXON, GERALD M JF 1900 FIFTH ST NW WINTER HAVEN, FL 3		
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	S/TR () Chang DETJEN, SCARLET D 1900 FIFTH ST NW WINTER HAVEN, FL 3	e (X) Addition	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zin:	VP () Chang DYAL, LUCIUS M 1900 FIFTH ST NW WINTER HAVEN FI	e (X) Addition	

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: SCARLET DETJEN S/TR 02/16/2005