

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H37692

FILED
Jan 07, 2005
Secretary of State

Entity Name: MONTOYA ELECTRIC SERVICE, INC.

Current Principal Place of Business:

106 ILLINOIS AVE.
PO BOX 948
AUBURNDALE, FL 33823

New Principal Place of Business:

5604 COMMERCIAL BLVD.
WINTER HAVEN, FL 33880

Current Mailing Address:

106 ILLINOIS AVE.
PO BOX 948
AUBURNDALE, FL 33823

New Mailing Address:

PO BOX 948
AUBURNDALE, FL 33823

FEI Number: 59-2479118

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COX, TRICIA M
106 ILLINOIS AVE
AUBURNDALE, FL 33823 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: COB () Delete
Name: MONTOYA, THOMAS B.,
Address: P.O BOX 632 N/A
City-St-Zip: MORA, NM

Title: SOB () Delete
Name: MONTOYA, JACQUELINE, T.
Address: P.O BOX 632 N/A
City-St-Zip: MORA, NM

Title: PCEO () Delete
Name: COX, CHRISTOPHER A
Address: 106 ILLINOIS AVE
City-St-Zip: AUBURNDALE, FL

Title: ST () Delete
Name: COX, TRICIA M.
Address: 106 ILLINOIS AVE
City-St-Zip: AUBURNDALE, FL

Title: VP () Delete
Name: PEARCE, GARY N
Address: 5212 DAVID STREET
City-St-Zip: LAKELAND, FL

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:

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: TRICIA M. COX

ST

01/07/2005

Electronic Signature of Signing Officer or Director

Date