2005 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 02, 2005 08:00 AM **DOCUMENT # H60259 Secretary of State** EDWARD CULPEPPER & SONS ELECTRIC, INC. Principal Place of Business Mailing Address 331 SW HERLONG ST. 331 SW HERLONG ST. LAKE CITY, FL 32024 LAKE CITY, FL 32024 01312005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2536614 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CULPEPPER, RICKEY C DO NOT WRITE 331 SW HERLONG ST. LAKE CITY, FL 32024 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) U00000211281 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 02/02/05-80111-007 158.75 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE CULPEPPER, RICKEY NAME STREET ADDRESS 331 SW HERLONG ST. LAKE CITY, FL 32024 CITY-ST-ZIP ШŒ NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIF TITLE MALAE

12. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under cettify 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

Rickey Colorge CickEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICKEY C. CULPEPPER

1-31-05 386

FILED

386-623-4209

Date

Daytime Phone #