2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # J45258

1. Entity Name

CAMPBELL'S ELECTRIC, INC.

Principal Place of Business	Mailing Address
C/O TERRY S. CAMPBELL 1399 - 49 AVENUE NE ST. PETERSBURG FL 33703	C/O TERRY S. CAMPBELL 1399 - 49 AVENUE NE ST. PETERSBURG FL 33703

2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

1st MOORE   CR2E034 (10/04)

4. FEI Number **59-2746039** | Applied For / Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CAMPBELL, TERRY S. 1399 - 49 AVENUE NE ST. PETERSBURG FL 33703	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

| **FILE NOW!!! FEE IS $150.00**
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State | | 9. Election Campaign Financing
Trust Fund Contribution ☐ | **$5.00** May Be
Added to Fees |

10. OFFICERS AND DIRECTORS			11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE **PD** NAME **CAMPBELL, TERRY S.** STREET ADDRESS **1399 - 49 AVENUE NE** CITY-ST-ZIP **ST. PETERSBURG FL**	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000279990 03/30/05-80001--022 150.00	☐ Change ☐ Addition
TITLE **SD** NAME **CAMPBELL, LINDA S.** STREET ADDRESS **1399 - 49 AVENUE NE** CITY-ST-ZIP **ST. PETERSBURG FL**	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____   3/28/05   727-902-7125

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #