


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 26, 2005 08:00 AM  
Secretary of State

|  |                                      |     |  |   |  |
|--|--------------------------------------|-----|--|---|--|
| <b>DOCUMENT # J61021</b><br>1. Entity Name<br><b>POPE ELECTRICAL COMPANY, INC.</b>   |                                      |     |  |    |  |
| Principal Place of Business<br><b>408 NORTH 75TH AVE.<br/>PENSACOLA FL 32506</b>   |                                      |     | Mailing Address<br><b>408 NORTH 75TH AVE.<br/>PENSACOLA FL 32506</b> |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |                                      |     | 3. Mailing Address<br>Suite, Apt. #, etc.                            |   |  |
| City & State   |                                      |     | City & State   |   |  |
| Zip  | Country                              | Zip | Country  | 4. FEI Number <b>59-2918801</b> <div style="float: right;"> <input type="checkbox"/> Applied For<br/> <input type="checkbox"/> Not Applicable         </div>                            |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   |                                      |     |  | <b>\$8.75</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CARO, JOSEPH W III<br/>408 NORTH 75TH AVE.<br/>PENSACOLA FL 32506</b>  |                                      |     |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="text-align: right;"> <b>FL</b> Zip Code         </div> |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____  |                                      |     |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |                                      |     |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees   |  |
| 10. OFFICERS AND DIRECTORS   |                                      |     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                |   |  |
| TITLE  | PSTD <input type="checkbox"/> Delete |     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   | CARO, JOSEPH W III                   |     | NAME   |   |  |
| STREET ADDRESS   | 408 NORTH 75TH AVE.                  |     | STREET ADDRESS   |   |  |
| CITY - ST - ZIP  | PENSACOLA FL 32506                   |     | CITY - ST - ZIP  | U00000332324<br>04/26/05-80053-012 158.75   |  |
| TITLE  | <input type="checkbox"/> Delete      |     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   |                                      |     | NAME   |   |  |
| STREET ADDRESS   |                                      |     | STREET ADDRESS   |   |  |
| CITY - ST - ZIP  |                                      |     | CITY - ST - ZIP  |   |  |
| TITLE  | <input type="checkbox"/> Delete      |     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   |                                      |     | NAME   |   |  |
| STREET ADDRESS   |                                      |     | STREET ADDRESS   |   |  |
| CITY - ST - ZIP  |                                      |     | CITY - ST - ZIP  |   |  |
| TITLE  | <input type="checkbox"/> Delete      |     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   |                                      |     | NAME   |   |  |
| STREET ADDRESS   |                                      |     | STREET ADDRESS   |   |  |
| CITY - ST - ZIP  |                                      |     | CITY - ST - ZIP  |   |  |
| TITLE  | <input type="checkbox"/> Delete      |     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   |                                      |     | NAME   |   |  |
| STREET ADDRESS   |                                      |     | STREET ADDRESS   |   |  |
| CITY - ST - ZIP  |                                      |     | CITY - ST - ZIP  |   |  |
| 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 changed, or on an attachment with an address, with all other like empowered. |                                      |     |  |   |  |
| <b>SIGNATURE: JOSEPH W CARO III PRES. Joseph W Caro III PRES. 4/20/2005</b><br><div style="display: flex; justify-content: space-between;"> <span>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</span> <span>Date</span> </div>   |                                      |     |  |   |  |

850-455-2232