

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 31, 2005 08:00 AM  
Secretary of State**

|                                                                            |                                                                                   |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # K46751</b><br>1. Entity Name<br>A-TEAM ELECTRIC SUPPLY, INC. |  |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                            |                                                                |
|----------------------------------------------------------------------------|----------------------------------------------------------------|
| Principal Place of Business<br>2824 MICHIGAN AVE<br>KISSIMMEE, FL 34744 US | Mailing Address<br>2824 MICHIGAN AVE<br>KISSIMMEE, FL 34744 US |
|----------------------------------------------------------------------------|----------------------------------------------------------------|



01122005 No Chg-P CR2E034 (10/03)

|                                                                                                 |                               |
|-------------------------------------------------------------------------------------------------|-------------------------------|
| 4. FEI Number<br>59-2919313                                                                     | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                               |

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

SIPKEMA, ROBERT W.  
2824 MICHIGAN AVE  
KISSIMMEE, FL 34744

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

|                                                |                                                                |
|------------------------------------------------|----------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SIPKEMA, ROBERT W.<br>2824 MICHIGAN AVE<br>KISSIMMEE, FL  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SIPKEMA, KATHLYN K.<br>2824 MICHIGAN AVE<br>KISSIMMEE, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                |

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01/31/05-80078-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: Robert W. Sipkema 1/26/2005 407-870-0076  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #