

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90055 023 ***150.00

DOCUMENT # L03881

1. Entity Name

CARROLL'S ELECTRIC, INC.



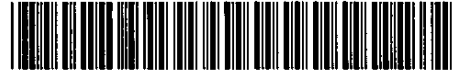
Principal Place of Business

1578 GRACE LAKE CIRCLE
LONGWOOD FL 32750
US

Mailing Address

1275 BENNET DR. #116
LONGWOOD FL 32750
US

50016828



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

1275 BENNETT DR
Suite, Apt. #, etc.
116

3. Mailing Address

Suite, Apt. #, etc.

City & State

LONGWOOD FL

City & State

Zip
32750

Country
USA

Zip

Country

4. FEI Number

59-2966628

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

CHMIELARSKI, MARK J. ESQ.
SOUTH TRUST BANK BUILDING
135 WEST CENTRAL BLVD. SUITE 1100
ORLANDO FL 32801

Name CHMIELARSKI, MARK J. ESQ.

Street Address (P.O. Box Number is Not Acceptable)
201 EAST PINE ST., STE. 500

City ORLANDO

FL

Zip Code 32801

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 PTD ☐ Delete
NAME GEESAMAN, SCOTT L.
STREET ADDRESS 1578 GRACE LAKE CIR
CITY-ST-ZIP LONGWOOD FL 32750

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1275 BENNETT DR., #116
CITY-ST-ZIP

TITLE VSD ☐ Delete
NAME GEESAMAN, CARROLL A.
STREET ADDRESS 1578 GRACE LAKE CIR
CITY-ST-ZIP LONGWOOD FL 32750

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1275 BENNETT DR., #116
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SCOTT L. GEESAMAN

Date

Daytime Phone #

2/10/05 767-5661 (407)