

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
Jan 12, 2006 08:00 AM  
Secretary of State

**DOCUMENT # L68694**

1. Entity Name  
**CURRENT ELECTRIC SERVICE, INC.**



Principal Place of Business

**5701 DIVISION DRIVE  
SUITE B  
FORT MYERS, FL 33905 US**

Mailing Address

**5701 DIVISION DR.  
SUITE B  
FORT MYERS, FL 33905 US**

**DO NOT WRITE IN THIS SPACE**



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0187527**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**PARENT, DAVID  
5701 DIVISION DR.  
SUITE B  
FT. MYERS, FL 33905**

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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 \_\_\_\_\_  
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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	PARENT, DAVID
STREET ADDRESS	3859 HIDDEN ACRES CIRCLE
CITY-ST-ZIP	N. FORT MYERS, FL
TITLE	DST
NAME	FORTIN, JOHN
STREET ADDRESS	7810 DENI DR
CITY-ST-ZIP	N FORT MYERS, FL
TITLE	DV
NAME	PARENT, LYNN
STREET ADDRESS	3859 HIDDEN ACRES CIRCLE
CITY-ST-ZIP	N. FORT MYERS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1101000384945  
01/17/06-80036-003 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Lynn M. Parent 1-6-05 239-694-0038  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #