

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2007 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**



01172007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**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 \_\_\_\_\_

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, 2007 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	

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02/06/07-80046-014 150.00

**DO NOT WRITE  
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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.22.07 239-694-0030

Date

Daytime Phone #