




**FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2008 08:00 AM
Secretary of State

DOCUMENT # L68694 1. Entity Name CURRENT ELECTRIC SERVICE, INC.	
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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
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01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0187527	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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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.

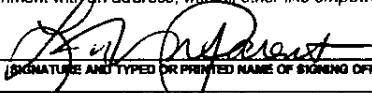
SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PARENT, DAVID 3859 HIDDEN ACRES CIRCLE N. FORT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FORTIN, JOHN 7810 DENI DR N FORT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PARENT, LYNN 3859 HIDDEN ACRES CIRCLE N. FORT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/28/08-80012-024 150.00

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 807, 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** 2-12-08 239-694-0036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #