


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L98049</b> 1. Entity Name JOHNNY ELECTRIC ELECTRICAL CONTRACTORS, INC.	
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Principal Place of Business 20855 NE 16 AVE UNIT C-6 N. MIAMI BCH, FL 33179 US	Mailing Address 20855 NE 16 AVE UNIT C-6 N. MIAMI BCH, FL 33179 US
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01042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0223749	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  SAVAGE, CRAIG D. 801 NE 167 ST SUITE 302A N MIAMI BEACH, FL 33162	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHIRES, JOHN D., III 20855 NE 16 AVE., UNIT C-6 N. MIAMI BCH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHIRES, JOSEPH F. 20855 NE 16 AVE., UNIT C-6 N. MIAMI BCH, FL 33179
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01/27/05-80093-019 150.00

**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)(f), 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: John D. Shires Date: 1-21-05 Daytime Phone #: 305-658-1220  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR