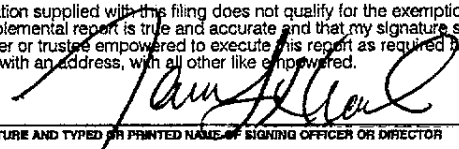


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000033774 1. Entity Name HEAD ELECTRIC OF LIVE OAK, INC.		
Principal Place of Business 9185 48TH ST. LIVE OAK, FL 32064		Mailing Address P.O. BOX 1132 LIVE OAK, FL 32064-0350
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HEAD, JAMES 9185 48TH ST. LIVE OAK, FL 31084-0350		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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST HEAD, JAMES P.O. BOX 1132 LIVE OAK, FL 320640350	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/29/05 Date 386-208-2251 Daytime Phone #



03162005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3650328	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

U000000282842
04/01/05-80003-010 150.00

**DO NOT WRITE
IN THIS SPACE**