## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 27, 2006 08:00 AN Secretary of State **DOCUMENT # P00000103073** 1. Entity Name DAVIDS ELECTRIC SERVICE, INC. Mailing Address Principal Place of Business 1250 SUNBURY DR 1250 SUNBURY DR FT MYERS, FL 33901 FT MYERS, FL 33901 04192006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2111033 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent REHEAUME, DAVID F DO NOT WRITE 1250 SUNBURY DR FT MYERS, FL 33901 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. (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Efection Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE RHEAUME, DAVID F NAME U00000539174 STREET ADDRESS 1250 SUNBURY DR 05/09/06-80090-011 150.00 CITY-ST-ZIP FT MYERS, FL 33901 TITLE NAME SUBFET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CiTY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP THE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or suppliemental 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 attachinger with an address, with altotter fixey empowered.

**SIGNATURE** 

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**