


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90100 028 \*\*\*150.00


DOCUMENT # P01000019161  
 1. Entity Name  
 FASON'S ELECTRICAL SERVICE, INC.



Principal Place of Business      Mailing Address  
 12421 SR 24      PO BOX 46  
 CEDAR KEY, FL 32625      CEDAR KEY, FL 32625

**DO NOT WRITE IN THIS SPACE**

40011010



03112005    No Chg-P    CR2E034 (10/03)

4. FEI Number 59-3699263	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  
 CAUSEY, KATHRYN F  
 12421 SR 24  
 CEDAR KEY, FL 32625

**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: *K. Causey, CPA*      DATE: *3/15/05*

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

**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	PSD FASON, RICHARD L 9260 SW 10TH CW (MAIL PO BOX 1038) TRENTON, FL 32693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAUSEY, KATHRYN F 12421 SR 24 (MAIL PO BOX 46) CEDAR KEY, FL 32625
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	

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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: *Richard Fason*      Date: \_\_\_\_\_      Daytime Phone #: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR