


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000072703	
1. Entity Name ELITE ELECTRICAL CONTRACTORS, INC.	

Principal Place of Business 12155 METRO PKWY #15-A FORT MYERS, FL 33912	Mailing Address 12155 METRO PKWY #15-A FORT MYERS, FL 33912
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04122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1131867	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FITZ, CHIPPER D 1201 EUCLID AVE LEHIGH ACRES, FL 33936	DO NOT WRITE IN THIS SPACE
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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 *Chipper D. Fitz* *Chipper D. Fitz* *4-12-05*
Signature, typed or printed name of registered agent and title if applicable (NOTE: The above 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. <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	P FITZ, CHIPPER D 1201 EUCLID AVENUE LEHIGH ACRES, FL 33936
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FORGIONE, ANTHONY R 4112 SE 19TH PLACE CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FITZ, SHANNON B 1201 EUCLID AVENUE LEHIGH ACRES, FL 33936
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FITZ, SHANNON B 1201 EUCLID AVENUE LEHIGH ACRES, FL 33936
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 907, 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: *Chipper D. Fitz* *Chipper D. Fitz* *4-12-05*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day(s) Month Year