

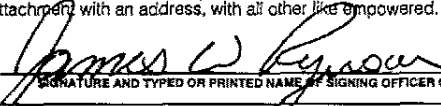


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000073592</b>			
1. Entity Name RYERSON'S ELECTRICAL SERVICE, INC.			
Principal Place of Business 116 CIRCLE DRIVE PANAMA CITY BEACH, FL 32413	Mailing Address 116 CIRCLE DRIVE PANAMA CITY BEACH, FL 32413		
<b>DO NOT WRITE IN THIS SPACE</b>			
		01182005    No Chg-P    CR2E034 (10/03)	
		4. FEI Number 59-3734461	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  RYERSON, JAMES W 116 CIRCLE DRIVE PANAMA CITY BEACH, FL 32413		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE	P		
NAME	RYERSON, JAMES W		
STREET ADDRESS	116 CIRCLE DRIVE		
CITY- ST- ZIP	PANAMA CITY BEACH, FL 32413		
TITLE	S		
NAME	RYERSON, MARY J		
STREET ADDRESS	116 CIRCLE DRIVE		
CITY- ST- ZIP	PANAMA CITY BEACH, FL 32413		
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: 		1-18-05	850 233-2788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #