


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90021 011 ***158.75

DOCUMENT # P03000039667	
1. Entity Name HARDWARE ELECTRICAL SERVICES, INC.	

Principal Place of Business 5803 SEAGRAPE DR. FORT PIERCE, FL 34982 US	Mailing Address 5803 SEAGRAPE DR. FORT PIERCE, FL 34982 US
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40008140



2. Principal Place of Business 500 Farmers Mkt Rd. Suite, Apt. #, etc. Bay # 15	3. Mailing Address 5803 Seagrape Drive Suite, Apt. #, etc.
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01212005 Chg-P CR2E034 (10/03)

City & State Fort Pierce, Florida	City & State Fort Pierce, Florida
Zip 34902	Country St. Lucie
Zip 34902	Country St. Lucie

4. FEI Number 57-1161586	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LOTH, VICTOR 5803 SEAGRAPE DR. PORT PIERCE, FL 34982	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

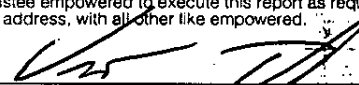
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOTH, VICTOR 5803 SEAGRAPE DR. FORT PIERCE, FL 34982 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **1/26/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #