


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 08:00 AM
Secretary of State

| | | |
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| DOCUMENT # P03000074846 | |  |
| 1. Entity Name ELECTRICAL SERVICE CONTRACTOR, INC. | | |
| Principal Place of Business 12192 SUNOWA SPRINGS TRAIL BRYCEVILLE, FL 32009 | Mailing Address 12192 SUNOWA SPRINGS TRAIL BRYCEVILLE, FL 32009 | |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent PONCE, WILLIAM B SR 12192 SUNOWA SPRINGS TRAIL BRYCEVILLE, FL 32009 | | 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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | 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 |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPS PONCE, WILLIAM B SR 12192 SUNOWA SPRINGS TRAIL BRYCEVILLE, FL 32009 | |
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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)(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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered. | | |
| SIGNATURE: <u>William B. Ponce Sr.</u> William B. Ponce Sr. <u>4-18-05</u> <u>904-545-1505</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | |



01182005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 83-0364378 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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04/20/05-80074-012 158.75

**DO NOT WRITE
IN THIS SPACE**