

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000138203

FILED
Mar 18, 2005
Secretary of State

Entity Name: ABC ELECTRIC OF VOLUSIA COUNTY, INC.

Current Principal Place of Business:

495 EAST LEHIGH DRIVE
DELTONA, FL 32738

New Principal Place of Business:

Current Mailing Address:

495 EAST LEHIGH DRIVE
DELTONA, FL 32738

New Mailing Address:

FEI Number: 56-2404546

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CRUZ, ROBERT
495 EAST LEHIGH DRIVE
DELTONA, FL 32738 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: CRUZ, ROBERT
Address: 495 EAST LEHIGH DRIVE
City-St-Zip: DELTONA, FL 32738

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: CRUZ, ROBERT
Address: 495 EAST LEHIGH DRIVE
City-St-Zip: DELTONA, FL 32738

Title: V () Change (X) Addition
Name: MARSAN, JUSTIN
Address: 1699 FRUITLAND DRIVE
City-St-Zip: DELTONA, FL 32725

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT CRUZ

PST

03/18/2005

Electronic Signature of Signing Officer or Director

_____ Date