


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 03, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000146651**

1. Entity Name  
**TED ROBERTS ELECTRICAL CONTRACTOR INC.**



Principal Place of Business      Mailing Address

**245 WEST OHIO AVE.  
 LAKE HELEN FL 32744  
 US**      **42100 CHINABERRY ST  
 EUSTIS FL 32736  
 US**



2. Principal Place of Business      3. Mailing Address

Suite, Apt #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/04)

City & State      City & State

4. FEI Number      Applied For

**20-0484181**      Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROBERTS, TED W  
 42100 CHINABERRY ST.  
 EUSTIS FL 32736**

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      DATE

Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      \$5.00 May Be Added to Fees

Trust Fund Contribution     

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROBERTS, TED W	
STREET ADDRESS	42100 CHINABERRY ST	
CITY - ST - ZIP	EUSTIS FL 32764	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ROBERTS, PAMELA	
STREET ADDRESS	42100 CHINABERRY ST	
CITY - ST - ZIP	EUSTIS FL 32764	
TITLE		<input type="checkbox"/> Delete
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 03/04/05-80011-001 158.75

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 all other like empowered.

SIGNATURE: Ted W. Roberts      Ted W. Roberts Pres.      3/1/05      396 228-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #