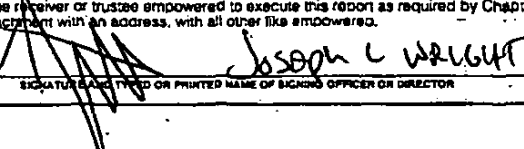


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90035 033 ***150.00

DOCUMENT # P04000010797 1. Entity Name TOTAL ELECTRIC CONTRACTING, INC.					
Principal Place of Business 16387 S. TAMiami TRAIL #H FT. MYERS, FL 33908 US			Mailing Address 16387 S. TAMiami TRAIL #H FT. MYERS, FL 33908 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02012005 Chg-P CR2E034 (10/03)	
4. FEI Number 57-1198547				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LISZEWSKI, LEONARD ESQ 2110 CLEVELAND AVENUE FORT MYERS, FL 33901				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 fee if applicable. NOTE: Registered Agent signature required when filing.)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE _____ NAME D.P. WRIGHT, JOSEPH L ☐ Delete STREET ADDRESS 16387 S. TAMiami TRAIL #H CITY- ST- ZIP FT. MYERS, FL 33908			TITLE _____ ☐ Change ☐ Addition NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____		
TITLE _____ ☐ Delete NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____			TITLE _____ ☐ Change ☐ Addition NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____		
TITLE _____ ☐ Delete NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____			TITLE _____ ☐ Change ☐ Addition NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____		
TITLE _____ ☐ Delete NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____			TITLE _____ ☐ Change ☐ Addition NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____		
TITLE _____ ☐ Delete NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____			TITLE _____ ☐ Change ☐ Addition 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)(G), 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:  JOSEPH L WRIGHT 2/4/05 239-633-0050					

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