

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000014039

FILED
Jan 08, 2006
Secretary of State

Entity Name: KYLES ELECTRICAL SERVICES INC.

Current Principal Place of Business:

PO BOX 291
FELLSMERE, FL 32948 US

New Principal Place of Business:

8155 126TH ST
SEBASTAIN, FL 32958 US

Current Mailing Address:

PO BOX 291
FELLSMERE, FL 32948 US

New Mailing Address:

8155 126TH ST
SEBASTAIN, FL 32958 US

FEI Number: 81-0641946

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODWARD, KYLE
13650 105TH
FELLSMERE, FL 32948 US

Name and Address of New Registered Agent:

WOODWARD, KYLE
8155 126TH ST
SEBASTAIN, FL 32958 US

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:

01/08/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: WOODWARD, KYLE
Address: PO BOX 291
City-St-Zip: FELLSMERE, FL 32948 US

Title: DIR () Delete
Name: WOODWARD, SHARON
Address: PO BOX 291
City-St-Zip: FELLSMERE, FL 32948 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: WOODWARD, KYLE
Address: 8155 126TH ST
City-St-Zip: SEBASTAIN, FL 32958 US

Title: DIR (X) Change () Addition
Name: WOODWARD, SHARON
Address: 8155 126TH ST
City-St-Zip: SEBASTAIN, FL 32958 US

Title: DIR () Change (X) Addition
Name: WOODWARD, SHAWNII
Address: 8155 126TH ST
City-St-Zip: SEBASTAIN, FL 32958 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: SHAWNII WOODWARD

DIR

01/08/2006

Electronic Signature of Signing Officer or Director

Date