## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000097132

Entity Name: SUPERIOR ELECTRIC OF NORTHEAST FLORIDA. INC

FILED Apr 25, 2005 Secretary of State

Entity Name: Superior electric of Northeast Florida, Inc.	
Current Principal Place of Business:	New Principal Place of Business:
829 WELLHOUSE DRIVE JACKSONVILLE, FL 32220	
Current Mailing Address:	New Mailing Address:
829 WELLHOUSE DRIVE JACKSONVILLE, FL 32220	
FEI Number: 03-0544942 FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
HUGHES, MICHAEL P 829 WELLHOUSE DRIVE JACKSONVILLE, FL 32220 US	
The above named entity submits this statement for the in the State of Florida.	e purpose of changing its registered office or registered agent, or both,
SIGNATURE:	
Electronic Signature of Registered A	Agent Date
Election Campaign Financing Trust Fund Contribution ( ).	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: P,D ( ) Delete	Title: D,S (X) Change ( ) Addition

HUGHES, MICHAEL P HUGHES, MICHAEL P Name: Name: 829 WELLHOUSE DRIVE Address: Address: 829 WELLHOUSE DRIVE City-St-Zip: JACKSONVILLE, FL 32220 City-St-Zip: JACKSONVILLE, FL 32220 Title: VP,S () Delete Title: VP, (X) Change ( ) Addition SCISCO, MARK SCISCO, MARK Name: Name: Address: 829 WELLHOUSE DRIVE Address: 829 WELLHOUSE DRIVE JACKSONVILLE, FL 32220 JACKSONVILLE, FL 32220 City-St-Zip: City-St-Zip: Title: Title: ( ) Change (X) Addition ( ) Delete

 Inte:
 ( ) Delete
 Inte:
 P
 ( ) Change (X)

 Name:
 Name:
 JOHNSON, JAIME L

 Address:
 Address:
 829 WELLHOUSE

 City-St-Zip:
 City-St-Zip:
 JACKSONVILLE, FL 32220

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: MICHAEL HUGHES D,S 04/25/2005