

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000151847

FILED  
Apr 27, 2005  
Secretary of State

Entity Name: ENERGIZED ELECTRICAL SERVICES INC

## Current Principal Place of Business:

6126 NW DURIAN ST.  
PORT ST. LUCIE, FL 34986

## New Principal Place of Business:

1562 S.E VILLAGE GREEN DR.  
SUITE 1  
PORT ST. LUCIE, FL 34952

## Current Mailing Address:

6126 NW DURIAN ST.  
PORT ST. LUCIE, FL 34986

## New Mailing Address:

1562 S.E VILLAGE GREEN DR.  
SUITE 1  
PORT ST. LUCIE, FL 34952

FEI Number: 20-1779320

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

FLAXMAN, MICHAEL  
6126 NW DURIAN ST.  
PORT ST. LUCIE, FL 34986 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: P ( ) Delete  
Name: FLAXMAN, MICHAEL  
Address: 6126 NW DURIAN ST.  
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: VP ( ) Delete  
Name: COWDELL, WILL  
Address: 6126 NW DURIAN ST.  
City-St-Zip: PORT ST. LUCIE, FL 34986

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: COWDELL, WILL  
Address: 1562 S.E VILLAGE GREEN DR. SUITE 1  
City-St-Zip: PORT ST. LUCIE, FL 34952

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 FLAXMAN

P

04/27/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date