

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000151847.

1. Entity Name
ENERGIZED ELECTRICAL SERVICES INC



Principal Place of Business
**1568 SE SOUTH NIEMEYER CIRCLE
PORT ST. LUCIE, FL 34952**

Mailing Address
**1568 SE SOUTH NIEMEYER CIRCLE
PORT ST. LUCIE, FL 34952**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

FILED

08 AUG 29 AM 10:41

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

06212008 Chg-P CR2E034 (12/06)

4. FEI Number
20-1779320

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

6. Name and Address of Current Registered Agent

**FLAXMAN, MICHAEL
6126 NW DURIAN ST.
PORT ST. LUCIE, FL 34986**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25

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 STREET ADDRESS CITY-ST-ZIP	P,D FLAXMAN, MICHAEL 6126 NW DURIAN ST. PORT ST. LUCIE, FL 34986 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	08/29/08--01014--006 <input type="checkbox"/> Change <input type="checkbox"/> Addition **105.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V,D COWDELL, WILL 163 SE OSPREY RIDGE PORT ST. LUCIE, FL 34984 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V,D Michael Flaxman 6126 NW Durian St. Pt St Lucie, FL 34986 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T,D COWDELL, WILL 163 SE OSPREY RIDGE PORT ST. LUCIE, FL 34984 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T,D Michael Flaxman 6126 NW Durian St. Pt St Lucie, FL 34986 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ **7/31/08** **772-398-4118**

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