

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000037553

FILED  
Apr 29, 2010  
Secretary of State

**Entity Name:** CIRCUIT BREAKER SALES & SERVICE INC.

**Current Principal Place of Business:**

5385 GATEWAY BLVD., STE. 19-21  
LAKELAND, FL 33811

**New Principal Place of Business:**

**Current Mailing Address:**

5385 GATEWAY BLVD., STE. 19-21  
LAKELAND, FL 33811

**New Mailing Address:**

PO BOX 6130  
LAKELAND, FL 33807

**FEI Number:** 14-1924871

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, STE. 4  
WESTON, FL 33331 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: D  
Name: SCHOFIELD, WILLIAM  
Address: 1315 COLUMBINE DRIVE  
City-St-Zip: GAINESVILLE, TX 76240

Title: D  
Name: LEDBETTER, FINLEY  
Address: 1315 COLUMBINE DR.  
City-St-Zip: GAINESVILLE, TX 76240

Title: D  
Name: KINNEY, RAY  
Address: 1315 COLUMBINE DR.  
City-St-Zip: GAINESVILLE, TX 76240

I hereby 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 all other like empowered.

**SIGNATURE:** WILLIAM SCHOFIELD

D

04/29/2010

Electronic Signature of Signing Officer or Director

Date