

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P93000000634**

1. Entity Name  
BODIFORD ELECTRIC, INC.



**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

Principal Place of Business      Mailing Address  
3976-9 N. MONROE ST.      3976 N. MONROE ST.  
TALLAHASSEE, FL 32303      9  
US      TALLAHASSEE, FL 32303      US



01272005      No Chg-P      CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
59-3157142      Not Applicable  
5. Certificate of Status Desired      ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BODIFORD, WALLACE L  
3976-9 N MONROE ST.  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.      ☐

**\$5.00 May Be**  
**Added to Fees**

11111111206234  
01/31/05-80075-025 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BODIFORD, WALLACE 4520 RUNNING MEADOW LANE TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Wallace L. Bodiford*      Wallace L. Bodiford      1-27-05      850-562-8118