

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90158 040 ***150.00

DOCUMENT # P93000027959 1. Entity Name WISE ELECTRIC SERVICE, INC.																																																																																																																													
Principal Place of Business PO BOX 130 LADY LAKE, FL 32159			Mailing Address PO BOX 130 LADY LAKE, FL 32159																																																																																																																										
2. Principal Place of Business		3. Mailing Address																																																																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																											
City & State		City & State																																																																																																																											
Zip	Country	Zip	Country																																																																																																																										
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																																																																																									
WISE, RAYMOND 17375 SE 283RD AVE ALTOONA, FL 32702				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 <u>Raymond Wise President</u> 4/7/05 <small>Signature, typed printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">PD WISE, RAYMOND</td> <td style="width: 20%; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">PD Wise, Raymond</td> <td style="width: 20%; padding: 2px;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">17375 SE 283RD AVE</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">17375 SE 283 Ave.</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;">ALTOONA, FL 32702</td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;">Umatilla, FL 32784</td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">V</td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">V</td> <td style="padding: 2px;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">WISE, MARK</td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">Wise, Mark</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">4742 SE ANCHOR AVE., STE. #4</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">64 SW Hideaway Place</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;">STUART, FL 34997</td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;">Stuart FL 34994</td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">V</td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">V</td> <td style="padding: 2px;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">WISE, JAMES</td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">Wise, James</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">4790 CR 121D</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">17375 SE 283RD Ave.</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;">WILDWOOD, FL 34785</td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;">Umatilla, FL 32784</td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"> </td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">S/T</td> <td style="padding: 2px;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"> </td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">Wise, Marjorie</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"> </td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">17375 SE 283 Ave.</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"> </td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;">Umatilla, FL 32784</td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"> </td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"> </td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"> </td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"> </td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"> </td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"> </td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"> </td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"> </td> <td></td> </tr> </table>						10. 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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: <u>Raymond Wise</u> PD 4/7/05 (352) 267-0946 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																													

ATTACHMENT

#P9300002789

4/7/05

40052911

We do not have mail delivery to our home. Our mailing address is:

Raymond Wise
P.O. Box 570
Altoona, FL 32702