

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000027959

FILED
Jan 25, 2006
Secretary of State

Entity Name: WISE ELECTRIC SERVICE, INC.

Current Principal Place of Business:

PO BOX 130
LADY LAKE, FL 32159

New Principal Place of Business:

Current Mailing Address:

PO BOX 130
LADY LAKE, FL 32159

New Mailing Address:

PO BOX 1013
STUART, FL 34995

FEI Number: 59-3182639

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WISE, RAYMOND
17375 SE 283RD AVE
ALTOONA, FL 32702 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: PD () Delete
Name: WISE, RAYMOND
Address: 17375 SE 283 AVE
City-St-Zip: UMATILLA, FL 32784

Title: V () Delete
Name: WISE, MARK
Address: 64 SW HIDEAWAY PLACE
City-St-Zip: STUART, FL 34994

Title: V (X) Delete
Name: WISE, JAMES
Address: 17375 SE 283RD AVE
City-St-Zip: UMATILLA, FL 32784

Title: ST () Delete
Name: WISE, MARJORIE
Address: 17375 SE 283 AVE
City-St-Zip: UMATILLA, FL 32784

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: WISE, MARK
Address: 12353 SW KANNER HWY
City-St-Zip: INDIANTOWN, FL 34956

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MARK WISE

V

01/25/2006

Electronic Signature of Signing Officer or Director

Date