


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90065 005 \*\*\*150.00

DOCUMENT # P93000080157

1. Entity Name  
P. M. E. ELECTRIC, INC.



Principal Place of Business  
6854-49TH AVE., N.  
ST. PETERSBURG, FL 33709 US

Mailing Address  
6854-49TH AVE., N.  
ST. PETERSBURG, FL 33709 US

**Z00ZZ6Z7**

2. Principal Place of Business  
9200-95TH STREET N

3. Mailing Address  
9200-95TH STREET N

Suite, Apt. #, etc.



03072005 Chg-P CR2E034 (10/03)

City & State  
LARGO, FL

City & State  
LARGO, FL

4. FEI Number  
59-3213294

Applied For  
Not Applicable

Zip  
33777

Country  
USA

Zip  
33777

Country  
USA

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

6. Name and Address of Current Registered Agent

SEYMOUR, PATRICIA A  
6854-49TH AVENUE N.  
ST. PETERSBURG, FL 33709

7. Name and Address of New Registered Agent

Name  
SEYMOUR, PATRICIA

Street Address (P.O. Box Number is Not Acceptable)  
9200-95TH STREET N

City  
LARGO

FL

Zip Code  
33777

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: *Patricia A. Seymour* 3-10-05

(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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SEYMOUR, MARK T	
STREET ADDRESS	9200 95TH STREET	
CITY-ST-ZIP	LARGO, FL 33777	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SEYMOUR, PATRICIA A	
STREET ADDRESS	9200 95TH STREET	
CITY-ST-ZIP	LARGO, FL 33777	
TITLE	V	<input type="checkbox"/> Delete
NAME	SHULTZ, ERIC E	
STREET ADDRESS	9200 95TH STREET	
CITY-ST-ZIP	LARGO, FL 33777	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Patricia A. Seymour* 3-10-05

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