

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 09, 2006 8:00 am**  
**Secretary of State**

06-09-2006 90003 013 \*\*\*150.00

**DOCUMENT # P94000008142**

1. Entity Name  
**INTERSTATE CONTRACTORS ELECTRIC TOOL  
SERVICE, INC.**



Principal Place of Business  
**110 W WALNUT ST  
LAKELAND, FL 33815 US**

Mailing Address  
**110 W WALNUT ST  
LAKELAND, FL 33815 US**

**50021269**

2. Principal Place of Business

**1012 W. Beacon Rd**

Suite, Apt. #, etc.

**4**

3. Mailing Address

**P.O. Box 2583**

Suite, Apt. #, etc.

05122006

Chg-P

CR2E034 (11/05)

City & State

**Lakeland, FL**

City & State

**Lakeland, FL**

4. FEI Number

**59-3215631**

Applied For

Not Applicable

Zip

**33803**

Country

**USA**

Zip

**33806**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional**

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KERESTLY, GEORGE  
110 W WALNUT ST  
LAKELAND, FL 33815**

Name

**George KERESTLY**

Street Address (P.O. Box Number is Not Acceptable)

**1012 W BEACON Rd**

City

**Lakeland**

**FL**

Zip Code

**33803**

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 \$550.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete  
NAME **KERESTLY, GEORGE**  
STREET ADDRESS **P O BOX 2583 N/A**  
CITY - ST - ZIP **LAKELAND, FL 33806**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

**George Kerestly**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6-5-06**

Date

**863 686-5027**

Daytime Phone #