## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 04, 2005 08:00 AM Secretary of State

DOCUMENT # P95000011348  1. Entity Name MOOREFIELD ELECTRIC, INC.			Secreta	ary of State	
Principal Place 2423 MOHA MAITLAND, F	WK TR	failing Address 2423 MOHAWK TR MAITLAND, FL 32751			A NULBE (A)) NULBE AND KET 1 (KET.
DO NOT WRITE IN THIS SPAC			CE	03032005 No Chg-P CR20 4. FEI Number 59-3298022	E034 (10/03)  Applied For Not Applicable
				5. Certificate of Status Desired	\$8.75 Additional Fee Required
Name and Address of Current Registered Agent					· · · · · · · · · · · · · · · · · · ·
MOOREFIELD, JEANETTE L 2423 MOHAWK TRAIL MAITLAND, FL 32751			DO NOT WRITE IN THIS SPACE		
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 Finance Trust Fund Contribution.				00 May Be ed to Fees 194/114/05-89061	43 0-013 150.00
10.	OFFICERS AND DIRE	CTORS			
NAME STREET ADDRESS CITY-ST-ZIP	MOOREFIELD, JEANETTE L 2423 MOHAWK TRL MAITLAND, FL 32751		_		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-				<del></del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRIT	Έ
TITLE NAME STREET ADDRESS GITY-ST-ZIP				IN THIS SPAC	E
TITLE NAME STREET ADDRESS GITY-ST-ZIP		· -			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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 the empowered					

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR