## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State DOCUMENT # P95000017364** 01-25-2005 90053 023 \*\*\*150.00 **FUQUA ELECTRIC INCORPORATED** Principal Place of Business Mailing Address 153 BEVERLY DR. 153 BEVERLY DR. 50006179 WINTER HAVEN, FL 33884 WINTER HAVEN, FL 33884 Principal Place of Business Gardens 13/4 sordens Blvd. 01202005 Chg-P CR2E034 (10/03) 4. FEI Number Applied For 59-3304627 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FUQUA, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 153 BEVERLY DR. WINTER HAVEN, FL 33884 City Zip Code 8. The above named entry 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 regimered agent SIGNATURE Signature, typed or printed name of registered agent and title (NOTE: Registered Agent aignature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITI F ☐ Delete TITLE ☐ Change FUQUA, MICHAEL NAME NAME michael Eugua STREET ADDRESS 153 BEVERLY DR. STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL CITY-ST-ZIP TITLE ☐ Delete TITLE FUQUA, LINDA NAME MAME rdens Blud STREET ADDRESS 153 BEVERLY DR. STREET ADDRESS 33864 CITY-ST-ZIP WINTER HAVEN, FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS ELION CHINE CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition MINIER'S NAME NAME 193 REAd at 123 STREET ADDRESS STREET ADDRESS EDOCA NE ME CITY-ST-ZIP 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 of true ee empowered to a sequire this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if xeoute this report as changed, or on an attachment with an 843 3240449 **SIGNATURE:** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Jan 25, 2005 8:00 am