## **2005 FOR PROFIT CORPORATION**

## FILED ANNUAL REPORT Apr 08, 2005 08:00 AM Secretary of State **DOCUMENT # P95000020944** WARD ELECTRIC SERVICE CORPORATION Principal Place of Business Mailing Address 4270 ALOMA AVE. 4270 ALOMA AVE. #124-40C #124-40C WINTER PARK, FL 32792 WINTER PARK, FL 32792 CR2E034 (10/03) 04042005 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3297552 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WARD, ROBERT T DO NOT WRITE 4270 ALOMA AVENUE SUITE 124-40C IN THIS SPACE WINTER PARK, FL 32792 3. 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, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE 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. TITLE WARD, ROBERT T 000000293738 04/08/05-80041-003 158.75 NAME 733 BAR HARBOR DR STREET ADDRESS PITTSBURGH, PA 15239 CITY-ST-ZIP TITLE VS WARD, MARIE NAME STREET ADDRESS 733 BAR HARBOR DR CITY-ST-ZIP PITTSBURGH, PA 15239 TITLE NAME PARKER, TERESA STREET ADDRESS 1409 BRINTON AVE DO NOT WRITE CITY-ST-ZIP NORTH BRADDOCK, PA TITLE IN THIS SPACE

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 507, 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:

NAME STREET ADDRESS

TITLE NAME

TITLE NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY ST-ZIP

DONNELLY, ROSEMARIE

BAIRFORD, PA 15104

RFD #1, RTE 910

WILSON, LORA

1130 GILCREST DR

PITTSBURGH, PA 15235

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR