



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90061 034 \*\*\*158.75

<b>DOCUMENT # P95000061663</b> 1. Entity Name <b>NATIONAL ELECTRICAL CONTRACTORS, INC.</b>					
Principal Place of Business <b>5779 SHIRLEY STREET NAPLES FL 34109-1846 US</b>				Mailing Address <b>5779 SHIRLEY STREET NAPLES FL 34109-1846 US</b>	
2. Principal Place of Business <b>14848 Old U.S. 41</b>		3. Mailing Address <b>14848 Old U.S. 41</b>		 MOORE CR2E034 (11/03)	
Suite, Apt. #, etc. <b>Suite 9</b>		Suite, Apt. #, etc. <b>Suite 9</b>			
City & State <b>Naples, Florida</b>		City & State <b>Naples, Florida</b>			
Zip <b>34110</b>		Zip <b>34110</b>			
Country <b>U.S.</b>		Country <b>U.S.</b>		4. FEI Number <b>65-0603950</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>FORBIS, CRAIG R 5779 SHIRLEY STREET NAPLES FL 34109-1846</b>				7. Name and Address of New Registered Agent Name <b>Craig R. Forbis</b> Street Address (P.O. Box Number is Not Acceptable) <b>14848 Old U.S. 41</b> <b>Suite 9</b> City <b>Naples</b>	
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.				FL Zip Code <b>34110</b>	
SIGNATURE <b>Craig R. Forbis President</b> <i>Craig R. Forbis President</i> <b>4-19-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>OP</b>	NAME <b>FORBIS, CRAIG</b>			<input type="checkbox"/> Delete	
STREET ADDRESS <b>5779 SHIRLEY STREET</b>	CITY-ST-ZIP <b>NAPLES FL 34109-1846</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>NAME</b>	STREET ADDRESS <b>CITY-ST-ZIP</b>			<input type="checkbox"/> Delete	
TITLE <b>NAME</b>	STREET ADDRESS <b>CITY-ST-ZIP</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>NAME</b>	STREET ADDRESS <b>CITY-ST-ZIP</b>			<input type="checkbox"/> Delete	
TITLE <b>NAME</b>	STREET ADDRESS <b>CITY-ST-ZIP</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>NAME</b>	STREET ADDRESS <b>CITY-ST-ZIP</b>			<input type="checkbox"/> Delete	
TITLE <b>NAME</b>	STREET ADDRESS <b>CITY-ST-ZIP</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>NAME</b>	STREET ADDRESS <b>CITY-ST-ZIP</b>			<input type="checkbox"/> Delete	
TITLE <b>NAME</b>	STREET ADDRESS <b>CITY-ST-ZIP</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <b>Craig R. Forbis</b> <i>Craig R. Forbis President</i> <b>4-19-04 239-253-4944</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					