

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000087449

FILED
Mar 03, 2009
Secretary of State

Entity Name: CUSTOM ELECTRIC SERVICE, INC.

Current Principal Place of Business:

12185 SW HWY 484
BELLEVIEW, FL 34420 US

New Principal Place of Business:

Current Mailing Address:

2215 SE FT KING ST STE B
OCALA, FL 34471

New Mailing Address:

FEI Number: 59-3350002 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SORENSEN, GARY L
12185 SW HWY. 484
BELLEVIEW, FL 34420 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: SORENSEN, GARY L
Address: 12185 SW HWY 484
City-St-Zip: BELLEVIEW, FL 34420

Title: VP () Delete
Name: SORENSEN, GARY L II
Address: 12648 SE 53RD CT
City-St-Zip: BELLEVIEW, FL 34420

Title: S (X) Delete
Name: WALDRON, DAWN
Address: P O BOX 3792
City-St-Zip: BELLEVIEW, FL 34421

Title: VP () Delete
Name: SORENSEN, LOUIS
Address: 12185 SW HWY 484
City-St-Zip: BELLEVIEW, FL 34420

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY L SORENSEN

PT

03/03/2009

Electronic Signature of Signing Officer or Director

Date