


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000058992			
1. Entity Name DIVERSIFIED ELECTRICAL SYSTEMS, INC.			
Principal Place of Business 1286 SW 34TH STREET PALM CITY, FL 34990 US		Mailing Address 1286 SW 34TH STREET PALM CITY, FL 34990 US	
DO NOT WRITE IN THIS SPACE			
		04272005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0681453	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent HEARD, D W 1286 SW 34TH ST PALM CITY, FL 34990		DO NOT WRITE IN THIS SPACE	
8. The above named entity submits this report 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 obligation.			
SIGNATURE _____ <small>Signature, typed or printed name</small> <small>If applicable, (NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HEARD, DONALD W 1286 SW 34TH STREET PALM CITY, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CONNELL, J 1286 SW 34TH ST PALM CITY, FL 34990		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HEARD, D 1286 SW 34TH ST PALM CITY, FL 34990		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RILEY, MICHAEL F 9526 150TH COURT NORTH JUPITER, FL 33478		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		5/5/05 (771) 219 9942 <small>Date Daytime Phone #</small>	