


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000061259

1. Entity Name
ED CHUPP ELECTRIC, INC.



Principal Place of Business Mailing Address

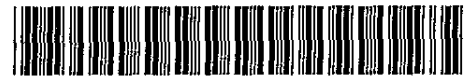
7619 NO LEEWYNN DRIVE 7619 NO LEEWYNN DRIVE
 SARASOTA FL 34240 SARASOTA FL 34240

2. Principal Place of Business 3. Mailing Address

Suite, Apt #, etc. Suite, Apt #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E034 (10/04)

4. FEI Number Applied For

65-0682495 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHUPP, ED
7619 N. LEEWYNN DRIVE
SARASOTA FL 34240

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHUPP, ED	NAME	
STREET ADDRESS	7619 NO LEEWYNN DRIVE	STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL 34240	CITY - ST - ZIP	04/14/05-80036-016 150.00
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHUPP, JANICE	NAME	
STREET ADDRESS	7619 N. LEEWYNN DRIVE	STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL 34240	CITY - ST - ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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)(l), 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: Ed Chupp Ed Chupp 4-8-05 378-5682

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone if