2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
05 OCT -4 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000001729

1. Entity Name
ERICKSON'S ELECTRICAL SERVICES, INC.

Principal Place of Business	Mailing Address
10151 OSCEOLA DRIVE NEW PORT RICHEY, FL 33654	10151 OSCEOLA DRIVE NEW PORT RICHEY, FL 33654

09162005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3492858 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ERICKSON, JOHN 10151 OSCEOLA DRIVE NEW PORT RICHEY, FL 33654	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERICKSON, JOHN 10151 OSCEOLA DRIVE NEW PORT RICHEY, FL 33654 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COLANNINO, Robert W. 10151 Osceola Drive New Port Richey, FL 33654 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ERIKSON, KRISTIN 10151 OSCEOLA DRIVE NEW PORT RICHEY, FL 33654 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500060245955 10/05/05--01025--004 **70.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VAZEOS, ANTHONY 10151 OSCEOLA DRIVE NEW PORT RICHEY, FL 33654 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AR 10/4 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ERICKSON, JOHN 10151 OSCEOLA DRIVE NEW PORT RICHEY, FL 33654 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _____ John Erickson, Secretary 727-919-4878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #