## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000059264

Entity Name: IDEAL ELECTRIC, INC.

FILED Apr 22, 2005 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

4110 ENTERPRISE AVE STE 111

NAPLES, FL 34104

**New Mailing Address:** 

31801 S.W. 195 AVENUE HOMESTEAD, FL 33030

**Current Mailing Address:** 

2090 J & C BLVD NAPLES, FL 34109

2090 J & C BLVD NAPLES, FL 34109

FEI Number: 65-0847136 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HOCKMAN, PETER M ESQUIRE 633 NORTH KROME AVENUE HOMESTEAD, FL 33030

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.

Title:

Name:

Title:

Address:

SIGNATURE:

Electronic Signature of Registered Agent

Date

(X) Change ( ) Addition

(X) Change ( ) Addition

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete

LIMA, GUSTAVO Name:

9601 S.W. 152 AVENUE, #101 Address:

City-St-Zip: MIAMI, FL 33196

Title: () Delete Name: STINGONE, ANTHONY

31801 S.W. 195 AVENUE Address: HOMESTEAD, FL 33030 City-St-Zip:

73 WICKLIFFE DRIVE City-St-Zip: NAPLES, FL 34110

LIMA, GUSTAVO

Name: STINGONE, ANTHONY Address: 31801 SW 195TH AVENUE HOMESTEAD, FL 33030 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Ρ SIGNATURE: GUSTAVO A LIMA 04/22/2005