

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90137 004 ***150.00

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1. Entity Name
AMESBURY ELECTRIC, INC.



Principal Place of Business
**2720 DORADO COURT
APOPKA, FL 32703**

Mailing Address
**685-B GEORGIA AVE.
LONGWOOD, FL 32750**

50046797



2. Principal Place of Business

3. Mailing Address
2428 S. MAPLE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282005

Chg-P

CR2E034 (10/03)

City & State

City & State
SANFORD, FLORIDA

4. FEI Number
59-3564200

Applied For

Not Applicable

Zip

Country

Zip

Country

32771

USA

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

**DEVORE, ROSA
685-B GEORGIA AVENUE
LONGWOOD, FL 32750**

Name **DEVORE ROSA L**
Street Address (P.O. Box Number is Not Acceptable)
2428 SOUTH MAPLE AVENUE
City **SANFORD** FL **32771**

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

Rosa L Devore

4/28/05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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 VS ☐ Delete
NAME EDWARDSON, GINGER
STREET ADDRESS 2720 DORADO COURT
CITY-ST-ZIP APOPKA, FL 32703

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PT ☐ Delete
NAME EDWARDSON, HAROLD
STREET ADDRESS 2720 DORADO COURT
CITY-ST-ZIP APOPKA, FL 32703

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Harold Edwardson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05

DATE

Daytime Phone #