

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000055019	
1. Entity Name TRI-CITY ELECTRIC OF N. FLORIDA, INC.	



Principal Place of Business 1100 OLD HAW CREEK BUNNELL, FL 32110	Mailing Address 1100 OLD HAW CREEK BUNNELL, FL 32110
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02262005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3583719	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent KNIGHT, JERRY C 2825 NORTH OCEANSHORE BOULEVARD BEVERLY BEACH, FL 32136
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SHEFFIELD, DANIEL R 1100 OLD HAW CREEK ROAD BUNNELL, FL 32110
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SHEFFIELD, ROBERTA L 1100 OLD HAW CREEK ROAD BUNNELL, FL 32110
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/27/05-80106-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Roberta L. Sheffield Date: 4/22/05 Daytime Phone #: 931-4730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR