

#150

## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000109224

1. Entity Name  
C&R ELECTRIC OF TALLAHASSEE, INC.



FILED

05 APR 21 AM 9:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3710 NORTH MONROE ST.  
TALLAHASSEE, FL 32303

Mailing Address  
3710 NORTH MONROE ST.  
TALLAHASSEE, FL 32303

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212005

Chg-P

CR2E034 (10/03)

MRS

4. FEI Number  
59-3615297

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

Name George Young

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

6160 Aucilla Hwy

City Monticello

FL

Zip Code  
32384

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

**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	P	<input type="checkbox"/> Delete
NAME	PRICE, TERRENCE	
STREET ADDRESS	3045 THOMAS RD.	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE	AOM	<input type="checkbox"/> Delete
NAME	YOUNG, GEORGE	
STREET ADDRESS	6160 AUCILLA HWY	
CITY-ST-ZIP	MONTICELLO, FL 32344	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

### 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100054127201	
STREET ADDRESS	05/10/05--01013--005	
CITY-ST-ZIP	**300.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Terrence Price President 4/21/05 850 570-0523