

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P99000109238

1. Entity Name

ED'S ELECTRIC INC



**FILED
Apr 20, 2005 8:00 am
Secretary of State**

04-20-2005 90345 006 ***158.75

50040495



1st MOORE CR2E034 (10/04)

Principal Place of Business 3509 ROSELAWN BLVD FORT PIERCE FL 34982		Mailing Address 3509 ROSELAWN BLVD FORT PIERCE FL 34982	
2. Principal Place of Business 415 W WEATHERBEE RD Suite, Apt. #, etc.		3. Mailing Address 6201 OLEANDER AVENUE Suite, Apt. #, etc.	
City & State FORT PIERCE, FL		City & State FORT PIERCE, FL	
Zip 34982	Country ST LUCIE	Zip 34982	Country ST LUCIE
6. Name and Address of Current Registered Agent JUNE, KAREN 3509 ROSELAWN BLVD FORT PIERCE FL 34982		7. Name and Address of New Registered Agent Name JUNE, KAREN Street Address (P.O. Box Number is Not Acceptable) 6201 OLEANDER AVENUE City FORT PIERCE	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

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

Edward A June Vice President

(NOTE Registered Agent signature required when reinstating)

4/14/05

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	P JUNE, EDWARD A 3509 ROSELAWN BLVD FORT PIERCE FL 34982	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JUNE, EDWARD A 6201 OLEANDER AVENUE FORT PIERCE, FL 34982	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JUNE, KAREN 3509 ROSELAWN BLVD FORT PIERCE FL 34982	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JUNE, KAREN 6201 OLEANDER AVENUE FORT PIERCE, FL 34982	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Edward A June

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD A JUNE JR

4/14/05 (772)489-2196

Date

Daytime Phone #