## ANNUAL REPORT

## FILED **DOCUMENT # S03436** Mar 17, 2005 08:00 AM 1. Entity Name STATEWIDE ELECTRICAL SYSTEMS, INC. **Secretary of State** Principal Place of Business Mailing Address P. O. BOX 1478 P. O. BOX 1478 LAND-O-LAKES, FL 34639 LAND-O-LAKES, FL 34639 CR2E034 (10/03) 01172005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3028932 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent JONES, STEVEN F. DO NOT WRITE 4037 DICKINSON PL LAND O LAKES, FL 34639 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 agen SIGNATURE intered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE JONES, STEVEN F. NAME 4037 DICKINSON PLACE STREET ADDRESS LAND O LAKES, FL 34639 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.