

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # V22899					
1. Entity Name RIVERSIDE ELECTRIC OF VOLUSIA COUNTY, INC.					
Principal Place of Business 5300 SOUTH ATLANTIC AVE. NEW SMYRNA BEACH, FL 32169			Mailing Address PO BOX 1246 NEW SMYRNA BEACH, FL 32170 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3115151	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FAHEY, EDWARD W 11 PALM DRIVE NEW SMYRNA BEACH, FL 32169				7. Name and Address of New Registered Agent Name DANIEL E SEARFOSS Street Address (P.O. Box Number is Not Acceptable) 1335 FALLWOOD DR City DELTONA FL Zip Code 32725	
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 <i>Daniel E. Searfoss</i> DANIEL E SEARFOSS 7/07/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES FAHEY, EDWARD J 822 26TH AVE. NEW SMYRNA BEACH, FL 32169	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 <i>Edward J. Fahey</i> EDWARD J. FAHEY 7/07/05 386-423-8800 <small>Signature and typed or printed name of signing officer or director</small>		Date Daytime Phone #			