


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90008 050 ***158.75

DOCUMENT # V23383	
1. Entity Name MANAGEMENT SYSTEMS ELECTRIC, INC.	

Principal Place of Business 725 BETHLEHEM RD KNIGHTDALE NC 27545 US	Mailing Address P.O. BOX 1140 KNIGHTDALE NC 27545 US
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2. Principal Place of Business <i>102 Dr. Donnie H. Jones</i>	3. Mailing Address <i>P.O. Box 269</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Princeton, N.C.</i>	City & State <i>Princeton N.C.</i>
Zip <i>27569</i>	Zip <i>27569</i>
Country <i>Johnston</i>	Country <i>Johnston</i>

6. Name and Address of Current Registered Agent CAPPS, LEWIS B 23 E. NIGHTINGALE ST. APOPKA FL 32712	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 *Lewis B. Capps* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAPPS, LEWIS B SR. 725 BETHLEHEM RD. KNIGHTDALE NC 27545 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAPPS LEWIS B. SR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 508 SHIPP RD CLINTON, N.C. 28328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBINSON, MORRIS L 3705 SHADOW RIDGE RD WILSON NC 27896 <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
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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 *Lewis B. Capps* 1-20-05 990-3594
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #