

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 12, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # V23383**

**1. Entity Name  
MANAGEMENT SYSTEMS ELECTRIC, INC.**



**Principal Place of Business  
102 DR DONNIE H JONES BLVD  
PRINCETON, NC 27569 US**

**Mailing Address  
P.O. BOX 269  
PRINCETON, NC 27569 US**



01092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
59-3116122** ☐ **Applied For**  
☐ **Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CAPPS, LEWIS B  
23 E. NIGHTINGALE ST.  
APOPKA, FL 32712**

**DO NOT WRITE  
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 agent.**

**SIGNATURE**

*Lewis B. Capps Sr., President* **1-9-06**  
(NOTE: Registered Agent Signature required when changing) **DATE**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing  
Trust Fund Contribution.** ☐ **\$5.00 May Be  
Added to Fees**

**1000000384607  
01/17/06-80022-004 150.00**

**10. OFFICERS AND DIRECTORS**

**TITLE P  
NAME CAPPS, LEWIS B SR.  
STREET ADDRESS 508 SHIPP RD  
CITY-ST-ZIP CLINTON, NC 28328**

**TITLE VP  
NAME ROBINSON, MORRIS L  
STREET ADDRESS 3705 SHADOW RIDGE RD  
CITY-ST-ZIP WILSON, NC 27896**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
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STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Sr.* **LEWIS B. CAPPS SR.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **President**

**Date**

**Daytime Phone #**

**910-990-3594**