

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000024255

Entity Name: AAA ELECTRIC COMPANY

FILED  
Jul 26, 2005  
Secretary of State

**Current Principal Place of Business:**

150 SPYGLASS ALLEY  
CAPE HAZE, FL 33946

**New Principal Place of Business:**

7545 TOTEM AVE.  
NORTH PORT, FL 34286

**Current Mailing Address:**

150 SPYGLASS ALLEY  
CAPE HAZE, FL 33946

**New Mailing Address:**

7545 TOTEM AVE.  
NORTH PORT, FL 34286

FEI Number: 45-0469863

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BROOKS, THOMAS  
150 SPYGLASS ALLEY  
CAPE HAZE, FL 33946 US

**Name and Address of New Registered Agent:**

BROOKS, THOMAS  
7545 TOTEM AVE.  
NORTH PORT, FL 34286 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

07/26/2005

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BROOKS, THOMAS  
Address: 150 SPYGLASS ALLEY  
City-St-Zip: CAPE HAZE, FL 33946

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: BROOKS, THOMAS  
Address: 7545 TOTEM AVE.  
City-St-Zip: NORTH PORT, FL 34286

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS BROOKS

D

07/26/2005

Electronic Signature of Signing Officer or Director

Date