


**FILED**  
**Jun 06, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90182 016 \*\*\*150.00

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # P03000126706</b>			
1. Entity Name <b>FAIRCLOTH ELECTRIC, INC</b>			
Principal Place of Business <b>14350 NW SR 20 BRISTOL, FL 32321 US</b>		Mailing Address <b>PO BOX 261 HOSFORD, FL 32334 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
4. FCI Number <b>20-0381508</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>JAMES C. SHARON 2629 BLAIR STONE ROAD TALLAHASSEE, FL 32301</b>		7. Name and Address of New Registered Agent Name <b>James F Faircloth</b> Street Address (P.O. Box Number is Not Acceptable) <b>14350 NW SR 20</b> <b>Bristol</b> City <b>FL</b> Zip Code <b>32321</b>	
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>James F. Faircloth</i> DATE: <b>4/24/05</b> <small>Signature of agent or person acting as registered agent and the FCI number. (NOTE: Registered Agent signature required when re-issuing)</small>			
FILE NOW!!! FEE IS \$160.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '04	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
11. I hereby certify that the information reported with this filing does not qualify for the exemption stated in Section 119.07(9)(D), 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 employees.			
SIGNATURE: <i>James F. Faircloth Jr.</i>		DATE: <b>6/1/05</b>	
SIGNATURE AND PERSON PRINTED NAME OF BOARD OFFICER OR DIRECTOR		Date	
<b>JAMES F. FAIRCLOTH JR.</b>			

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