2006 FOR PROFIT CORPORATION

Mar 16, 2006 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P04000022691 D & P ELECTRICAL CONTRACTOR, INC. Principal Place of Business Mailing Address 508 GEORGETOWN SHORTCUT RD. 508 GEORGETOWN SHORTCUT RD. CRESCENT CITY, FL 32112 CRESCENT CITY, FL 32112 No Chg-P CR2E034 (11/05) 03132006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0805861 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent COMBS, DONALD L JR. DO NOT WRITE 508 GEORGETOWN SHORTCUT RD. CRESCENT CITY, FL 32112 IN THIS SPACE 6. 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, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS D TITCE COMBS, DONALD L JR. NAME STREET ADDRESS 508 GEORGETOWN SHORTCUT RD. CRESCENT CITY, FL 32112 U00000489350 03/25/06-80025-016 150.00 City-ST-ZiP TITLE COMBS, PATRICIA A NAME 508 GEORGETOWN SHORTCUT RD. STREET ADDRESS CRESCENT CITY, FL 32112 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME

12. I hereby certify that the information supplied with this lijing 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 tole 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 of the receiver of the receiver of the same legal effect; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

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

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytma Phone #

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