2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 09, 2005 08:00 AM Secretary of State **DOCUMENT # 188321** 1. Entity Name DICKERSON ELECTRIC COMPANY, INCORPORATED Principal Place of Business Mailing Address 1422 SW 30TH STREET 1422 SW 30TH STREET FORT LAUDERDALE, FL 33315 FORT LAUDERDALE, FL 33315 US No Chg-P CR2E034 (10/03) 01042005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-0751766 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SCHNEIDER, CHARLES H 1422 SW 30 ST FT LAUDERDALE, FL 33315 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 age DATE Signature, typed or printed name of registered egent and title if appl (NOTE, Registered Agent signature required when roinstating) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 U00000295827 04/09/05-80043-022 150.00 OFFICERS AND DIRECTORS 10. TITLE NAME SCHNEIDER, SHARON L. 1422 S.W. 30TH ST. STREET ADDRESS FT LAUDERDALE, FL C8Y-ST-7IP TITLE SCHNEIDER, CHARLES H. NAME **1422 SW 30TH STREET** STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL TITLE NAME STREET ADDRESS DO NOT WRITE CiTY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TILE STREET ADDRESS CITY-ST-ZIP TITLE

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME STREET ADDRESS CITY-ST-ZIP

914-972-3333

Daytime Phone #

FILED