2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 14, 2005 08:00 AM Secretary of State **DOCUMENT # 291307** 1. Entity Name BENNETT ELECTRIC CO Principal Place of Business Mailing Address 10007 N E 4 AVE MIAMI SHORES FL 33138 10007 N E 4 AVE MIAMI SHORES FL 33138 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-0867637 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BENNETT, GEORGE H 10007 N E 4 AVE Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33138 City Zip Code 3. 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PDV ☐ Addition Delete DILE THILE U00000305**03**5 BENNETT, GEORGE H NAME NAME 04/14/05-80068-008 150.00 10007 NE 4 AVE STREET ADDRESS CIRCET ADDRESS CITY-ST-ZIP MIAMI SHORES, FL 33138 CITY-ST-7IP SD ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME BENNETT, NANCY NAME STREET ADDRESS 10007 NE 4 AVE STREET ADDRESS CITY-Si ZIP MIAMI SHORES, FL 33138 CITY-ST-7IP D Change Addition TITLE Defete 7/715 NAME BENNETT, BONNIE A NAME STREET ADDRESS STREET ADDRESS 250 NE 96 STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI SHORES FL 33138 MILE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: Levi St. A. Lancell C. Frage H. BEN DETT - PRESIDENT 3-29-05 305-158-1055

BIGNATURE: AND TYPED OR PRINTED NAME OF STORMS OFFICER OR DIRECTOR

Date Description Proces V