2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 29, 2004 8:00 am **Secretary of State DOCUMENT # 459992** 1. Entity Name 03-29-2004 90026 041 ***150.00 BENNETT ELECTRIC & SONS, INC. Principal Place of Business Mailing Address P. O. BOX 1069 VALRICO FL 33595 2913 LITHIA PINECREST ROAD 54023388 VALRICO FL 33594 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 59-1554102 Not Applicable Zip Zip Country 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, STEVE Street Address (P.O. Box Number is Not Acceptable) 2913 LITHIA PINECREST ROAD VALRICO FL 33594 City Zip Code FL 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 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 Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE PD ☐ Delete TITLE ☐ Change ☐ Addition BENNETT, STEVE D NAME NAME STREET ADDRESS 2913 LITHIA PINECREST RD. STREET ADDRESS CITY-ST-ZIP VALRICO FL CITY-ST-ZIP STD TITLE ☐ Delete TITLE ☐ Change Addition BENNETT, EVELYN P. NAME NAME STREET ADDRESS P O BOX 1069 STREET ADDRESS CITY-ST-ZIP VALRICO FL 33595 CITY-ST-ZIP TITLE ☐ Delete TITE # NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change **X** Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change TITLE ☐ Delete TITLE ☐ Addition 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 impowered 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 AND PED OR PRINTED NAME OF SIGNING OFFICER

SIGNATURE:

FILED