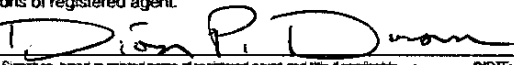


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90049 005 ***158.75

DOCUMENT # 510474 1. Entity Name ROBERT J. MULROY ELECTRICAL CONTRACTOR, INC.					
Principal Place of Business 1050 SW 24TH AVENUE POSTOFFICE BOX 1525 BOYNTON BEACH, FL 33425			Mailing Address 1050 SW 24TH AVENUE POSTOFFICE BOX 1525 BOYNTON BEACH, FL 33425		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1683262	
5. Certificate of Status Desired ☒				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MULROY, ROBERT J. 1050 SW 24TH AVENUE BOYNTON BEACH, FL 33426				7. Name and Address of New Registered Agent Name DION P. DUNN Street Address (P.O. Box Number is Not Acceptable) 130 S.E. 5th AVENUE City BOYNTON BEACH FL Zip Code 33435	
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  DION P. DUNN 1/24/2005 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 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. MULROY, ROBERT J. 1050 SW 24TH AVENUE BOYNTON BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT MULROY, ROBERT J. 1050 SW 24th AVENUE BOYNTON BEACH, FL 33426 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUNN, DION P 130 S.E. 5TH AVE BOYNTON BEACH, FL 33435	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DUNN, DION P 130 S.E. 5th AVENUE BOYNTON BEACH, FL 33435 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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:  Robert J. Mulroy SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1/24/2005 5617321562 Date Daytime Phone #		

50010296



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