
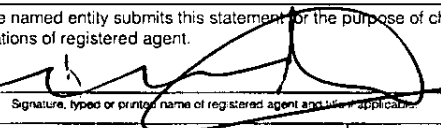
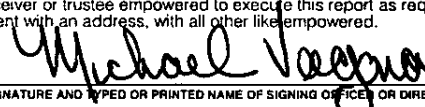


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90023 023 ***150.00

DOCUMENT # 581917 1. Entity Name VERGONA-BOWERSOX ELECTRIC, INC.			
Principal Place of Business 4722 NW ARCADIA WAY BOCA RATON, FL 33432 US		Mailing Address 4722 NW ARCADIA WAY BOCA RATON, FL 33432 US	
2. Principal Place of Business 2263 N.W. Boca Raton Suite, Apt. #, etc. BOULEVARD #102 City & State Boca Raton, Florida Zip 33431 Country USA		3. Mailing Address 2263 N.W. Boca Raton Suite, Apt. #, etc. BOULEVARD #102 City & State Boca Raton, Florida Zip 33431 Country USA	
6. Name and Address of Current Registered Agent BOWERSOX, GERALD A. 7300 FAIRWAY TRAIL BOCA RATON, FL 33487		7. Name and Address of New Registered Agent Name R. BOWEN GILLESPIE, ESQ. Street Address (P.O. Box Number is Not Acceptable) SUITE 306 1515 SOUTH FEDERAL HIGHWAY City BOCA RATON FL Zip Code 33432	
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  R. BOWEN GILLESPIE DATE 2-8-05 <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME BOWERSOX, GERALD A STREET ADDRESS 7300 FAIRWAY TRAIL CITY - ST - ZIP BOCA RATON, FL 33487	<input checked="" type="checkbox"/> Delete	TITLE PRESIDENT NAME MICHAEL VERGONA STREET ADDRESS 4007 N.W. 5TH AVE CITY - ST - ZIP BOCA RATON, FLORIDA 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME MESSENGER, ROGER STREET ADDRESS 601 N. OCEAN BLVD., #304 CITY - ST - ZIP BOCA RATON, FL 33432	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2-9-05 661-441-0469 <small>Date Daytime Phone #</small>	