2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 23, 2005 8:00 am **DOCUMENT # 669742 Secretary of State** 1. Entity Name 02-23-2005 90067 026 ***158.75 GEORGE DIETZ ELECTRIC COMPANY Principal Place of Business Mailing Address 1201 S.E. BAILROAD AVE-STUART FL 34994 P.O. BOX 2442 STUART FL 34995 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number City & State Applied For 59-1996437 Not Applicable 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 DIETZ, GEORGE W Street Address (P.O. Box Number is Not Acceptable) 2841 NE YORKSHIRE LA JENSEN BEACH FL 34957 Zip Code 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 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **VPDC** TITI F ☐ Delete TITLE ☐ Change Addition DIETZ, GEORGE W NAME NAME 2841 N.E. YORKSHIRE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JENSEN BEACH FL CITY-ST-ZIP **PSD** TITLE Addition ☐ Delete ☐ Change DIETZ, DANIEL G STREET ADDRESS 2841 NE YORKSHIRE LANE STREET ADDRESS JENSEN BEACH FL CITY-ST-ZIP CITY-ST-ZIP THLE ☐ Delote — -TITLE ☐ Change ☐ Addition . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

FILED