## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 22, 2005 08:00 AM Secretary of State

| ANNUAL REPURI  |   |  |                            | •                         | Ca  | anatamy of C                           | 1404     |
|--|---|--|----------------------------|---------------------------|---|--|----------|
| DOCUMENT # F0000001608  1. Entity Name HYLAN DATACOM & ELECTRICAL INC.  Principal Place of Business  1150 SOUTH AVE. STATEN ISLAND, NY 10314  DO NOT WRITE IN THIS SPACE |   |  |                            |                           | 56  | cretary of S                           | alau     |
| 1. Entity Nam  | e   |  |                            |                           |   |  |          |
| HYLAND   | ATACOM & ELECTRICAL IN                                      | Ю.   |                            |                           |   |  |          |
|  |   |  | TO WELL                    | 4                         |   |  |          |
| •  |   | •  |                            |                           |   |  |          |
|  |   |  |                            | }                         |   |  |          |
|  |   |  |                            | 1 1000 1100 1100          | . <b>Co</b> rt <b>Co</b> rt <b>Co</b> rt <b>Co</b> rt |  | l (EE)   |
| <u>-</u>   |   | · · · · · · · · · · · · · · · · · · ·                |                            |                           |   |  |          |
|  |   |  |                            | 02182005                  | No Chg-P  | CR2E034 (10/03)                        |          |
| D  | O NOT WRITE   | IN THIS SPA  | CE                         | 4. FEI Numb               |   | Applied                                | d For    |
|  |   |  |                            | 13-409                    |   | Not Ap                                 | plicable |
|  |   |  |                            | 5. Certificate            | of Status Desired                                     | \$8.75 Addition Fee Required           | ai       |
|  | 6. Name and Address of Current R                            | ogistered Agent                                      | -                          |                           |   |  |          |
| WILLIAMS, DAN<br>9525 DANIEL DRIVE<br>NEW PORT RICHEY, FL 34654  |   |  | l                          | DO                        | NOT W   | RITE                                   |          |
|  |   |  |                            |                           | -   |  |          |
|  | 11 (10) (21) 12 0-100 1                                     |  |                            | IN                        | THIS SP   | ACE                                    |          |
|  |   |  |                            |                           |   | material and the second                | 660      |
|  | named entity submits this statement for li                  | he purpose of changing its register                  | ed office or register      | red agent, or bo          | th, in the State of Flo                               | rida. I am familiar with, and          | accept   |
| <del>.</del>   |   | ,  |                            |                           |   |  |          |
| SIGNATURE_   | Signature, typed or printed name of registered agent an     | I little if expelicable. (NOTE, Registere            | d Agent signature required | d when reinstating)       |   | DATE                                   | <u> </u> |
| FIL.   | E NOW!!! FEE IS \$150.00<br>ay 1, 2005 Fee will be \$550.00 | Election Campaign Final     Trust Fund Contribution. |                            | .00 May Be<br>led to Fees |   | <del> </del>                           |          |
|  |   |  | <u></u>                    |                           |   |  |          |
| 10.  | OFFICERS AND D  | RECTORS  |                            |                           |   |  | = -      |
| NAME   | DILEO, ROBERT   |  |                            |                           | ეიტეის<br>- თი აი აი -                                | 1272465<br>-80006-002 150.             | aai      |
| STREET ADDRESS CITY-ST-ZIP   | 1440 GARRETT DR<br>WALL TOWNSHIP, NJ 07719                  |  | ]                          |                           | - 907 667 Wat<br>                                     | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | UU       |
| TITLE  | P   |  | Ī                          |                           |   |  |          |
| NAME   | DILEO, JOHN S JR  |  |                            |                           |   |  |          |
| STREET ADDRESS .<br>CITY-ST-ZIP  | 80 WINDSOR DR R<br>EATONTOWN, NJ 07724                      | -  |                            |                           |   |  |          |
| TITLE  | 21.01.01.11   | <u> </u>   | 1                          | J                         |   |  |          |
| NAME   |   |  |                            |                           |   |  |          |
| STREET ADDRESS CITY-ST-ZIP   |   |  |                            | DO                        | NOT W   | RITE                                   |          |
| TITLE  |   |  |                            | INI .                     | THIS SF   | ACE                                    |          |
| NAME   |   |  | 1                          | 33.4                      |   | 70L                                    |          |
| STREET ADDRESS CITY-SY-ZIP   |   |  | <u> </u>                   |                           |   |  |          |
| TITLE  |   |  | 1                          |                           |   |  |          |
| HAME   |   |  |                            |                           |   |  |          |
| STREET ADDRESS<br>CITY-ST-ZIP  |   |  |                            |                           |   |  |          |
| TITLE  |   |  | ]                          |                           |   |  |          |
| NAME<br>STREET ADDRESS   |   |  | 1                          |                           |   |  |          |
| Ditter Uniting   | İ   |  |                            |                           |   |  |          |

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:

CITY-ST-ZIP

JOHN DICEO JR. SIGNATURE AND TYPED OR PRINTED NAME OF SE

GNING OFFICER OR DIRECTOR

05 (718) 313-9000

Daylime Phone #