2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002956

ntity Name: FRNEST P BREAUX FLECTRICAL INC

FILED Apr 01, 2004 Secretary of State

| Entity Nai | me: EKNESI | P. BREAUX ELECTRICAL, INC | | | | |
|---|---|-----------------------------------|---|---|---|--|
| Current P | rincipal Place | of Business: | New Principal Place of Business: | | | |
| PO BOX 1 NEW IBER | 1640 RIA, LA 705621 | 640 | | | | |
| Current Mailing Address: | | | New Mailing Address: | | | |
| PO BOX 1 NEW IBER | 1640 RIA, LA 705621 | 640 | | | | |
| FEI Number: 74-2916899 FEI Number Applied For () | | | FEI Number Not Applicable () Certificate of Status Desired () | | | |
| Name and | Address of C | urrent Registered Agent: | Name and | Address of N | lew Registered Agent: | |
| 1200 SOU | PORATION SYS TH PINE ISLAN ION, FL 33324 | ND ROAD | | | | |
| | named entity s e of Florida. | submits this statement for the pu | ırpose of changing i | ts registered o | ffice or registered agent, or both, | |
| SIGNATU | | | | | | |
| | Electron | ic Signature of Registered Ager | nt | | Date | |
| Election Car | mpaign Financing | Trust Fund Contribution (). | | | | |
| OFFICERS AND DIRECTORS: | | | ADDITION | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: Name: Address: City-St-Zip: | C () BREAUX JR, EI 2812 BROKEN NEW IBERIA, L | ARROW RD. | Title: Name: Address: City-St-Zip: | () | Change () Addition | |
| Title: Name: Address: City-St-Zip: | V () BYROM JR, JO 2812 BROKEN NEW IBERIA, L | ARROW RD | Title: Name: Address: City-St-Zip: | WARNOCK, CL | OOP SOUTH, #500 | |
| Title: Name: Address: City-St-Zip: | P () BREAUX, PHILI 2812 BROKEN NEW IBERIA, L | ARROW RD | Title: Name: Address: City-St-Zip: | PRES (X) BREAUX, PHILI 2812 BROKEN NEW IBERIA, L | ARROW RD | |
| Title: Name: Address: City-St-Zip: | () | Delete | Title: Name: Address: City-St-Zip: | ALLEN, HERBE | OOP SOUTH, #500 | |
| Title: Name: Address: | () | Delete | Title: Name: Address: | OLDER, MARK | Change (X) Addition A NOP SOUTH, #500 | |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip: HOUSTON, TX 77027

SIGNATURE: CURT L. WARNOCK VP 04/01/2004

City-St-Zip: