2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Jan 28, 2004 08:00 AM DOCUMENT # F35815 **Secretary of State** 1. Entity Name B & D ELECTRIC, INC. Principal Place of Business Mailing Address 385 E. LAKE SHORE BLVD. 385 E. LAKE SHORE BLVD. KISSIMMEE FL 34744 KISSIMMEE FL 34744 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt # etc. CR2E034 (11/03) MOORE City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JENNINGS, EDWARD J. 318 S.E. 8TH STREET Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33316 City 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. (NOTE. Registered Agent signature required when roinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 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 DEFICERS AND DIRECTORS IN 11 10. 11. ☐ Change MILE Delete HILE Addition HICKEY, ROBERT F SR NAME MAME U00000018051 01/28/04-80117-024 150.00 385 E LAKESHORE BLVD STREET ADDRESS STREET ADDRESS KISSIMMEE FL 34744 CITY ST-ZIP CITY-S1-21P ☐ Delete TITLE ☐ Change Addition TITLE HICKEY, ROBERT F., JR. NAME NAME STREET ADDRESS 2137 BLACK JACK OAK ST STREET ADORESS OCOEE FL 34761 CITY-SE-ZIP CATY -ST-ZIP TITLE TS ☐ Delete TITLE ☐ Change Addition NAME HICKEY, DOLORES C. MAME STREET ACCRESS SUBFET ADDRESS 385 E LAKESHORE BLVD KISSIMMEE FL 34744 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete BILE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZP Delete TITLE ☐ Change Addition BILE MANUE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Oefete 73755 31118 Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CRY-ST-ZP CITY - ST - ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(f), 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 enjoywered.

BOGETF. HICKEY/1/23/04

FILED