2005 FOR PROFIT CORPORATION

Jan 27, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # G61525 1. Entity Name JOE'S ELECTRIC, INC. Principal Place of Business Mailing Address 2031 TEAGARDEN LANE 2031 TEAGARDEN LANE NAPLES, FL 34110 US NAPLES, FL 34110 US No Chg-P 01132005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3237784 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SUJEVICH, JOE DO NOT WRITE 2031 TEAGARDEN LANE NAPLES, FL 34110 IN THIS SPACE 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 iTapolicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 **\$5.00** May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS H00000138985 TITLE PST 01/27/05-80074-019 1SO.DU SUJEVICH, JOSEPH NAME STREET ADDRESS 2031 TEAGARDEN LANE CITY - ST - ZIP NAPLES, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 i other like empowered. المطانس

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED