


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90165 042 ***150.00

DOCUMENT # G75135
 1. Entity Name
ISLANDER ELECTRIC OF SARASOTA, INC.



Principal Place of Business Mailing Address
2803 FRUITVILLE RD **2803 FRUITVILLE RD**
SUITE 120 **SUITE 120**
SARASOTA FL 34237 **SARASOTA FL 34237**



2. Principal Place of Business 3. Mailing Address
351 Interstate CT. **351 Interstate CT.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
STE A **STE A**

1st MOORE CR2E034 (10/05)

City & State City & State
SARASOTA FL **SARASOTA FL**

4. FEI Number Applied For
59-2326837 Not Applicable

Zip Country Zip Country
34240 **SARASOTA** **34240** **SARASOTA**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GARLAND, JAMES A.
608 15TH ST W.
BRADENTON FL 33505

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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
 SIGNATURE: _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
 Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV DECANIO, RONALD 1545 RACIMO DRIVE SARASOTA FL 34240	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DECANIO, MARJORIE 1545 RACIMO DRIVE SARASOTA FL 34240	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-06 **941-377-2800**
 Date Daytime Phone #
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