✔ 2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # G92722

1. Entity Name
LEWIS ELECTRIC OF HOMESTEAD, INC.

Principal Place of Business	Mailing Address
C/O IRENE L. SAMPLES 1511 SPANISH AVE LEESBURG, FL 34748 US	C/O IRENE L. SAMPLES 1511 SPANISH AVE LEESBURG, FL 34748 US

DO NOT WRITE IN THIS SPACE

02132006   No Chg-P   CR2E034 (11/05)

4. FEI Number 59-2402954	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

SAMPLES, IRENE L
1511 SPANISH AVE
LEESBURG, FL 34748

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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 if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PVS
NAME	SAMPLES, IRENE L.
STREET ADDRESS	1511 SPANISH AVE
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	T
NAME	SAMPLES, SUSAN D
STREET ADDRESS	1511 SPANISH AVENUE
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/03/06-80052-015 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: X _Irene L. Samples_   X 2/15/06   X 352-326-4444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

IRENE L. SAMPLES, PRES.