2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 14, 2006 08:00 AM Secretary of State **DOCUMENT # J61021** 1. Entity Name POPE ELECTRICAL COMPANY, INC. Mailing Address Principal Place of Business 408 NORTH 75TH AVE. 408 NORTH 75TH AVE. PENSACOLA, FL 32506 PENSACOLA, FL 32506 No Chg-P CR2E034 (11/05) 03142008 Applied For 4. FEI Number 59-2918801 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CARO, JOSEPH W III 408 NORTH 75TH AVE. PENSACOLA, FL 32506 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 \$5.00 May Be 9. Election Campaign Financing FILE NOWIL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSTD TITLE CARD, JOSEPH W.III NAME STREET ADDRESS 408 NORTH 75TH AVE. PENSACOLA, FL 32506 CITY-ST-ZIP U00000508256 04/27/06-80095-023 158.75 TITLE NAME STREET ADDRESS CITY-ST-ZIP 3133 E MAME STREET ADDRESS CITY - ST - ZIP TITLE MARKE STREET ADDRESS CiTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAKE STREET ADDRESS CITY-ST-ZE 12. I hereby certify that the information supplied with this filling 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 or an attachment with an address, with all other like empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED