


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 08:00 AM
Secretary of State

DOCUMENT # J76640 1. Entity Name GARRISON ELECTRICAL CONSULTANTS, INC.	
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Principal Place of Business 4826 S US 1 FT. PIERCE, FL 34982 US	Mailing Address 4826 S US1 FT. PIERCE, FL 34982 US
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DO NOT WRITE IN THIS SPACE



07062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2805147	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GARRISON, VICTOR E 6106 SUNSET BLVD FT. PIERCE, FL 34982	DO NOT WRITE IN THIS SPACE
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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 Victor E Garrison President [Signature] 7/6/04
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when registering) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT GARRISON, VICTOR E 6106 SUNSET BLVD FT. PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS GARRISON, VIKKI D 6106 SUNSET BLVD FT. PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARRISON, ZACH 5410 SEAGRAPE DRIVE FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARRISON, VICTOR E II 6106 SUNSET BLVD FORT PIERCE, FL 31982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/16/04-80010-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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] Victor E Garrison Pres 7/6/04 772-468-5981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #