2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 24, 2005 8:00 am Secretary of State DOCUMENT # K05222 1. Entity Name 03-24-2005 90034 020 ***150.00 DAVIS ELECTRICAL CONTRACTORS OF BREVARD, INC. Principal Place of Business Mailing Address 814 PEMBROKE AVE PALM BAY FL 32907 450 GERMAIRE DRIVE MELBOURNE FL 32904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 59-2871075 Not Applicable Żip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAUIS, WILLIAM DAVIS, WILLIAM P. -2684 FOUNTAINHEAD BOULEVARD MELBOURNE FL-32935 EMBLOKE AVE DORESS CORNER ONLY 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 famili the obligations of registered agent FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. TITLE ☐ Delete TITLE DAVIS, WILLIAM P. DAVIS, WILLIAM P. NAME NAME 814 PEMBROKE DUE. 2684 FOUNTAINHEAD BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE FL CITY-ST-ZIP VΡ Delete TITLE TITLE ☐ Change ☐ Addition SAGASTIZOBAL, LUIS A NAME 1943 PINEWOOD RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32934 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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

SIGNATURE:

FILED