2007 LIMITED LIABILITY COMPANY

V-1869

FILED May 03, 2007 08:00 A Secretary of State

ANNUAL REPORT (AR)

1. Entity Name

MORGAN - PHILLIPS ENGINEERING GROUP, LLC

DOCUMENT # L03000014223



Principal Place of Business - -Mailing Address 1120 EAST OLEANDER STREET 1120 EAST OLEANDER STREET LAKELAND FL 33801 LAKELAND FL 33801 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apl. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 59-3771418 Not Applicable Ζıp Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AIRTH, HAL A JR Street Address (P.O. Box Number is Not Acceptable) 500 SOUTH FLORIDA AVENUE SUITE 800 LAKELAND FL 33801 Zip Code City 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 \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE ☐ Defete ☐ Change ☐ Addition NAME THE ELECTRIC COMPANY, INC NAME STREET ADDRESS 1120 EAST OLEANDER STREET STREET ADDRESS CITY-ST-7IP LAKELAND FL 33801 CITY-ST-ZIP TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY - ST - ZIP TILLE ☐ Delete IIIE ☐ Change * ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY - ST - 7IF TITLE ☐ Defete THILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE SIGNATURE AND TYPED OR PRINTED MEMBER MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #