2005 FOR PROFIT CORPORATION

FILED 08:00 AM of State

ANNUAL REPORT			Mar 07, 2005 08:00		
DOCUMENT # L06327		HE SEE	Secretary of State		
1. Entity Name	1.00		•	Secreta	ny or State
ALOHA ELECTRIC, INCORPORATED		* E			
		1 20 1			
Principal Place of Business M	alling Address				
	ALOHA ELECTRIC, INC				
	P.O. BOX 33304 . NDIALANTIC, FL 32903 . US				
INDIAN HARDOUT DEACH, TE 32937	ADMININTIC: LE 32303 03			land Health Middle areas bla	
	**************************************	4 4			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	THE CONTRACTOR OF THE PROPERTY				
	(۱۹۳۳ میشد) دولاد در در ایک همیشد (۱۹۳۰ میشد)	10 - 2- pip 5 - 11 5 5	01072005 No Chg	-P CR2E0	34 (10/03)
DO NOT WRITE II	V THIS SPACE		4. FEI Number		Applied For
	20 Walka a militar (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	gingra va vivi	59-2962574		Not Applicable
	上五五十年9年7月2日 - 11月1日 -	aderer an establish	5. Certificate of Status Des		\$8.75 Additional Fee Required
6. Name and Address of Current Regis					
MANN, WILLIAM C.			DO NOT	MOTE	-
140 TOMAHAWK DR		DO NOT WRITE			
#51 INDIAN HARBOUR BEACH, FL 32937			IN THIS	SPACE	
INDIAN HARBOOK BEACH, FL 32937					_
			- mare - market for the control of t	<u> </u>	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
 The above named entity submits this statement for the p the obligations of registered agent. 	erpose of changing its registered o	iffice or register	ed agent, or both, in the State	∌ufFlorida Iam f	familiar with, and accept
SIGNATURE			<u> </u>		
Signature, typed or printed name of registered agent and trile	if applicable. (NOTE: Registered Age	rnt signature required	when remstating)	DATE	<u> </u>
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.		00 May Be ed to Fees		
10. OFFICERS AND DIREC	OTORS I				

TITLE MANN, WILLIAM C. NAME 2065 ABALONE AVE STREET ADDRESS CITY-ST-ZIP INDIALANTIC, FL TITLE VPD NAME MANN, WILLIAM C.

2065 ABALONE AVE

INDIALANTIC, FL

NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

TITLE

TITLE NAME

NAME STREET ADDRESS CITY-ST-ZIP TITLE

> Mar SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR