2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED May 04, 2005 8:00 am Secretary of State DOCUMENT # N96000003181 1. Entity Name 05-04-2005 90169 035 ****70.00 INDEPENDENT ELECTRICAL CONTRACTORS OF SOUTHWEST FLORIDA, INC. Principal Place of Business Mailing Address P.O. BOX 7878 NAPLES FL 34101-7878 3702 ESTEY AVE NAPLES FL 34104 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 65-0662253 Not Applicable Zip Country Zip 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 BALTERMAN, CŸNTHIA A 1719 J & C BLVD NAPLES FL 34109 purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the · the obligations of registered agent. SIGNATURE FILE NOW: FEE/IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TD TITLE ☐ Delete TITLE ☐ Addition NUSZ, DUANE NUSZ Duane place SW NAME NAME 3984 PROGRESS AVE. STREET ADDRESS STREET ADDRESS NAPLES FL 34104 CITY-ST-ZIP SD ☐ Detete TITLE TITLE Change Addition BALTERMAN, CINDY NAME NAME 1719 J & C BLVD. STREET ADDRESS STREET ADDRESS NAPLES FL 34109 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition DETWEILER, TRACY DETWEILER Tracy 4774 Exchange Ave NAME NAME 3920 PROGRESS AVE. STREET ADDRESS STREET ADDRESS NAPLES FL 34104 CITY-ST-ZIP CITY-SY ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP THLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby 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 617, 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

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition