2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachin

SIGNATURE:

Feb 17, 2004 08:00 AM DOCUMENT # P00000038923 Secretary of State 1. Entity Name JOSEPH E. MORGAN ELECTRICAL CONTRACTOR, INC. Principal Place of Business Mailing Address 102 SUMMERWOOD DR. CRAWFORDVILLE FL 32327 102 SUMMERWOOD DR. CRAWFORDVILLE FL 32327 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3639732 Not Applicable Ζφ 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 Name MORGAN, KAREN Street Address (P.O. Box Number is Not Acceptable) 102 SUMMERWOOD DR. CRAWFORDVILLE FL 32327 City Zip Code 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 \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change MORGAN, JOSEPH E NAME NAME U00000055032 102 SUMMERWOOD DR STREET ADDRESS STREET ADDRESS 02/17/04-80021-001 150.00 CITY-ST-ZIP TALLAHASSEE FL 32327 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY -ST- ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TIT! F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete 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 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 eath, that I am an officer or director of the corporation or the recovery or trustee empowered to exemptine this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

GNING OFFICER OR DIRECTOR

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