## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 12, 2005 08:00 AM DOCUMENT # P00000080776 **Secretary of State** 1. Entity Name CARÓLLO ELECTRIC, INC. Principal Place of Business \_\_ Mailing Address 9828A WATERMILL CIRCLE 9828A WATERMILL CIRCLE BOYNTON BEACH, FL 33437 BOYNTON BEACH, FL 33437 CR2E034 (10/03) 01052005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1059872 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent CAROLLO, FRANK DO NOT WRITE 9828A WATERMILL CIRCLE BOYNTON BEACH, FL 33437 IN THIS SPACE 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE CAROLLO, FRANK NAME STREET ADDRESS 9828 WATERHILL CIRCLE CITY-ST-ZIP BOYNTON BEACH, FL 33437 TITLE U00000178592 01/12/05-80032-016 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS

12. Thereby 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 as 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

SIGNATURE: 🚣

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-05

561 632-440

Daytime Phone #

FILED