2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR) 🛵 😹

Apr 05, 2005 8:00 am Secretary of State **DOCUMENT # P01000035380** 04-05-2005 90050 027 ***158.75 JUPITER ELECTRICAL SYSTEMS, INC. Principal Place of Business Mailing Address 149 VILLAGE CIRCLE 149 VILLAGE CIRCLE JUPITER FL 33458 JUPITER FL 33458 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-1096183 Not Applicable Žip Country 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 BACON, JAMES V JR. Street Address (P.O. Box Number is Not Acceptable) 149 VILLAGE CIRCLE JUPITER FL 33458 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) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10 11. DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition BACON, JAMES V JR. NAME NAME 149 VILLAGE CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER FL 33458 CITY-ST-7IP President Addition TITLE ☐ Delete DILE ☐ Chance NAME BACON, JAMES V JR. NAME STREET ADDRESS 149 VILLAGE CIRCLE STREET ADDRESS CITY-ST-ZIP " JUPITER FL 33458 CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete □ 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-ZIP CITY-ST-ZIP TITLE ☐ Delete THIE 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 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.

FILED