2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary of State DOCUMENT # P01000052303 07-15-2005 90021 028 ***150.00 1. Entity Name STRICKLAND ELECTRIC, INC. Principal Place of Business Mailing Address 410 A E. BELT AVE PO BOX 548 BUSHNELL, FL 33513 BUSHNELL, FL 33513 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07122005 CR2E034 (10/03) Cha-P City & State City & State 4 FEI Number Applied For 59-3721307 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TRAVIS D STRICKLAND STRICKLAND, TRAVIS D Street Address (P.O. Box Number is Not Acceptable) 410 A E BELT AVENUE 315 WEST CENTRAL AVENUE BUSHNELL, FL 33513 City BUSHNELL Zip Code 33513 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. TRAVIS D. STRICKLAND JULY 13,05 SIGNATURE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete ____ Addition TITLE TITLE 74-Channe NAME STRICKLAND, TRAVIS D NAME 410A E. BELTAVENUE STREET ADDRESS 315 WEST CENTRAL AVENUE STREET ADDRESS CITY-ST-ZIP BUSHNELL, FL 33513 CITY-ST-ZIP BUSHNELL, FL 33513 ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ___ Delete TITLE Change ☐ Addition 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 TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 any address, with all other the empowered.

FILED Jul 15, 2005 8:00 am