JUN. 22. 2005 10:53PM CORPORATIONS

06-23-2005 90001 003 ***150.00
06-24-2005 90001 046 ***150.00
FIL P01000054751
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 30 PM 3:54

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000054751

1. Entity Name
AIKENS & HARRIS ELECTRICAL INC.

Principal Place of Business	Mailing Address
4307 E. IDLEWILD AVE. TAMPA, FL 33610	4307 E. IDLEWILD AVE. TAMPA, FL 33610

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

06222005 Chg-P CR2E034 (10/03)

4. FEI Number 59-2764822 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
AIKENS, EDWARD C
4516 PORPOISE DR.
TAMPA, FL FL336-17

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRIS, DAVID L 4307 E. IDLEWILD AVE. TAMPA, FL 33610	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AIKENS, EDWARD 4307 E. IDLEWILD AVE. TAMPA, FL 33610	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: David L Harris — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 22 05 — Date

813 992-2714
813 621 2236 — Daytime Phone #

no changes