

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90126 007 ***150.00

DOCUMENT # P02000075298 1. Entity Name SONU ELECTRICAL, INC.																													
Principal Place of Business 773 POWDERHORN ROW LAKELAND, FL 33809			Mailing Address 773 POWDERHORN ROW LAKELAND, FL 33809																										
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																										
4. FEI Number 05-0522187			Applied For ☐ Not Applicable																										
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required																										
6. Name and Address of Current Registered Agent GOHIL, KISHOR 773 POWDERHORN ROW LAKELAND, FL 33809			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">P</td> <td style="width: 30%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>THAKOR JAYESH B</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>773 POWDERHORN ROW</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>LAKELAND, FL 33809</td> <td></td> </tr> </table>			TITLE	P	☐ Delete	NAME	THAKOR JAYESH B		STREET ADDRESS	773 POWDERHORN ROW		CITY - ST - ZIP	LAKELAND, FL 33809		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;"></td> <td style="width: 30%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/05 (865) 665-5450