2005 FOR PROFIT CORPORATION ANNUAL REPORT, (AR)

SIGNATURE:

Feb 28, 2005 8:00 am **Secretary of State** DOCUMENT # P03000015176 02-28-2005 90198 001 ***150.00 DOUBLE THROW ELECTRIC, INC. Principal Place of Business Mailing Address 1350 HOPE DALE DR. FT. MYERS FL 33919 1350 HOPE DALE DR. FT. MYERS FL 33919 2. Principal Place of Business 3. Mailing Address 1350 Hopedale Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State 4. FEi Number Applied For 85-0438145 Not Applicable Zip Country Zip 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 DEATON, JAMES Street Address (P.O. Box Number is Not Acceptable) 1350 HOPE DALE DR. FT. MYERS FL 33919 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) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PS ☐ Delete TITLE ☐ Change ☐ Addition DEATON, JAMES NAME NAME 1350 HOPE DALE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. MYERS FL 33919 CITY-ST-7IP TITLE ☐ Delete THEF ☐ Change Addition NAME DEATON, SHARON NAME 1350 HOPE DALE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. MYERS FL 33919 CITY-ST-ZIP . Delete -TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 31111 ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-ZIP ☐ Delete TIT! F ☐ Change ☐ Addition 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.

NG OFFICER OR DIRECTOR

FILED

2-21-05

Daytime Phone #