2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 26, 2005 8:00 am Secretary of State DOCUMENT # P03000087028 1. Entity Name 01-26-2005 90007 005 ***158.75 ZETTLEMOYER ELECTRIC, INC. Principal Place of Business Mailing Address 2650 N CONFERENCE DR 2650 N CONFERENCE DR 40000646 **BOCA RATON FL 33486 BOCA RATON FL 33486** Mailing Address onterence Dr. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For 4. FEI Number 54-2121285 Not Applicable Pala Beach \$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 ZETTLEMOYER, GEORGE Street Address (P.O. Box Number is Not Acceptable) 2250 N CONFERENCE DR **BOCA RATON FL 33486** 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 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THLE D TITLE Addition Delete Change ZETTLEMOYER, GEORGE NAME NAME 2250 N CONFERENCE DR STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33486** CITY-SI-ZiP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition 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-7IP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change TITLE 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 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 of trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED

OR DIRECTOR

changed, or on an attachment with an address, with all other