2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 02, 2007 08:00 A DOCUMENT # P03000109718 Secretary of State 1. Entity Name RON PREVATT ELECTRIC, INC. Principal Place of Business Mailing Address 929 EAST ORANGE AVENUE EUSTIS FL 32726 929 EAST ORANGE AVENUE EUSTIS FL 32726 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite. Apt. #, etc. Suite, Apt #, etc 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 20-0291275 Not Applicable Ζıp Country Country Zip \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo PREVATT, LINDA K Street Address (P.O. Box Number is Not Acceptable) 929 EAST ORANGE AVENUE EUSTIS FL 32726 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registored office or registered agent, or both, in the State of Florida. † am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 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 11. HILE UHE Change ☐ Delete ☐ Addition PREVATT, RONNIE H NAME NAME 929 EAST ORANGE AVENUE STREET ADDRESS STREET ADDRESS U00000653514 EUSTIS FL 32726 CITY ST-ZIP CITY-ST-ZIP -009 150.00 STD TITE Delete IIItE ☐ Change Addition PREVATT, LINDA K NAME NAME 929 EAST ORANGE AVENUE STREET ADDRESS STREET ADDRESS EUSTIS FL 32726 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. IIIIF □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE HILE ☐ Change ☐ Delete Addition NAME NAME* STREET ADDRESS STRITET ADDRESS CHY-ST-ZIP CITY-ST-ZIP HILE Delete IIIIE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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.

LINDA K. PREVATT
DE SIGNING OFFICER OR DIRECTOR

FILED