2008 FOR PROFIT CORPORATION ANNUAL REPORT

May 02, 2008 08:00 AN Secretary of State **DOCUMENT # P03000118643** 1. Entity Name RICHARD OWEN ELECTRIC INC. Principal Place of Business Mailing Address 11229 BELMONT OAKS DR 11229 BELMONT OAKS DR JACKSONVILLE, FL 32220 JACKSONVILLE, FL 32220 No Chg-P 04212008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 83-0376846 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent OWEN, RICHARD S DO NOT WRITE 11229 BELMONT OAKS DR JACKSONVILLE, FL 32220 IN THIS SPACE 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 U000000943119 9. Election Campaign Financing \$5.00 May Be FILE NOWIII~FEE IS \$150.00 Trust Fund Contribution. Added to Fees 05/29/08-80046-012 150.00 After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE OWEN, RICHARD SOWNER NAME STREET ADDRESS 11229 BELMONT OAKS DR CITY-ST-ZIP JACKSONVILLE, FL 32220 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

SIGNATURE

SIGNATURE AND TYPED ON PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

4-30-08 (9

904)424-145

FILED