2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 06, 2005 08:00 AM Secretary of State DOCUMENT # P03000128507 1. Entity Name GERMAIN ELECTRIC CO. Principal Place of Business Mailing Address 3460 PACETTI ROAD 3460 PACETTI ROAD ST. AUGUSTINE FL 32092 ST. AUGUSTINE FL 32092 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 20-0393866 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GERMAIN, ROBERT A Street Address (P.O. Box Number is Not Acceptable) 3460 PACETTI ROAD ST. AUGUSTINE FL 32092 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 it 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, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES IN 11 10. OFFICERS AND DIRECTORS 11. PSTD TITLE 04/06/05-80051-022 \$100e 00 Addition ☐ Delete DHE GERMAIN, ROBERT A NAME NAME STREET ADDRESS 3460 PACETTI ROAD STREET ADDRESS CITY ST-7IP ST. AUGUSTINE FL 32092 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS City ST-ZIP 011Y-S1-7/P HILE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP fitti E Delete **3**)111 Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST- ZIP TITLE HILL Delete Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-7/P CHY-SI-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 truetee 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.

FILED

Davime Phone #