2008 FOR PROFIT CORPORATION

FILED Mar 31, 2008 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P03000134375 1. Entity Name JARVIS ELECTRICAL CO. Principal Place of Business Mailing Address **82 DAWN DRIVE** 82 DAWN DRIVE ORMOND BEACH, FL 32176 ORMOND BEACH, FL 32176 03262008 No Chq-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1864990 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JARVIS, SHERRILEE DO NOT WRITE 82 DAWN DRIVE ORMOND BEACH, FL 32176 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees U000000873778 410/08-80094-010-150.00 10. OFFICERS AND DIRECTORS TITLE JARVIS, ELVIN NAME STREET ADDRESS **82 DAWN DRIVE** CITY-ST-ZIP ORMOND BEACH, FL 32176 ST TITLE NAME JARVIS, SHERRILEE 82 DAWN DRIVE STREET ADDRESS ORMOND BEACH, FL 32176 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TOTLE IN THIS SPACE 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SED NAME OF BIGNING OFFICER OR DIRECTOR