2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 24, 2005 08:00 AM Secretary of State **DOCUMENT # P03000135228** D & S ELECTRIC SERVICE AND REPAIR, INC. Principal Place of Business Mailing Address 1942 ENGLISH DRIVE 1942 ENGLISH DRIVE DELTONA, FL 32738 DELTONA, FL 32738 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0416884 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent DO NOT WRITE DEGAETANI, DENNIS 1942 ENGLISH DRIVE DELTONA, FL 32738 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) U00000189936 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 01/24/05-80113-019 150.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS SDVS TITLE NAME DEGAETANI, DENNIS 1942 ENGLISH DR. STREET ADDRESS CITY-ST-ZIP DELTONA, FL 32738 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE MARAF STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

FILED

12. Thereby 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 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.

STREET ADDRESS CITY-ST-7IP

SIGNATURE: DECA ET QUE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OFFICER OR DIRECTOR	1-18-05	407-322-8518
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR	Date	Daytime Phone #