2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000138203

Entity Name: ABC ELECTRIC OF VOLUSIA COUNTY, INC.

FILED Apr 29, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2586 SHEFFIELD DR 495 EAST LEHIGH DRIVE DELTONA, FL 32738 DELTONA, FL 32738

Current Mailing Address: New Mailing Address:

2586 SHEFFIELD DR 495 EAST LEHIGH DRIVE DELTONA, FL 32738 DELTONA, FL 32738

FEI Number: 56-2404546 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CRUZ, ROBERT
2586 SHEFFIELD DR
495 EAST LEHIGH DRIVE
DELTONA, FL 32738
DELTONA, FL 32738

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.

SIGNATURE: ROBERT CRUZ 04/29/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPVS () Delete Title: P (X) Change () Addition

 Name:
 CRUZ, ROBERT
 Name:
 CRUZ, ROBERT

 Address:
 2586 SHEFFIELD DR
 Address:
 495 EAST LEHIGH DRIVE

 City-St-Zip:
 DELTONA, FL 32738
 City-St-Zip:
 DELTONA, FL 32738

Title: T () Delete Title: T (X) Change () Addition

 Name:
 CRUZ, ROBERT
 Name:
 PARKER, JOHNNY

 Address:
 2586 SHEFFIELD DR
 Address:
 2530 DERBY DRIVE

 City-St-Zip:
 DELTONA, FL 32738
 City-St-Zip:
 DELTONA, FL 32738

 $\label{eq:Title: VP () Change (X) Addition} \end{Title:} \qquad \end{Title: VP () Change (X) Addition}$

 Name:
 Name:
 MARSAN, JUSTIN

 Address:
 Address:
 1464 NORTH PAGE DRIVE

 City-St-Zip:
 City-St-Zip:
 DELTONA, FL 32725

Title: () Delete Title: S () Change (X) Addition

 Name:
 Name:
 THOMPSON, CHARLES

 Address:
 Address:
 3050 ABERDEEN STABLES

 City-St-Zip:
 City-St-Zip:
 DELTONA, FL 32738

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT CRUZ P 04/29/2004