2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 16, 2004 8:00 am Secretary of State DOCUMENT # P03000139400 1. Entity Name 03-16-2004 90036 024 ***150 00 RILEY-PRESLEY ELECTRIC CO., INC. Mailing Address Principal Place of Business 5613 BALSAM STREET MILTON FL 32583 5613 BALSAM STREET MILTON FL 32583 JUNION TIE 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 55.0856229 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ·FITZGERAED, J. PAUL--Street Address (P.O. Box Number is Not Acceptable) 6839 CAROLINE STREET MILTON FL 32570 Zio 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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE TITLE ☐ Change ☐ Addition PRESLEY, JOSEPH B SR NAME NAME STREET ADDRESS 5613 BALSAM STREET STREET ADDRESS MILTON FL 32583 CITY-ST-ZIP CITY-ST-ZIP TIT) F ☐ Delete TITLE Change ☐ Addition PRESLEY, JOSEPH B JR NAME STREET ADDRESS 5613 BALSAM STREET STREET ADDRESS MILTON FL 32583 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME RILEY, L.W. NAME - STREET ADDRESS STREET ADDRESS 4613 RILEY ROAD-CITY-ST-ZIP MILTON FL 32583 CITY-ST-ZIP TITLE TITLE ☐ Change Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

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changed, or on an attachment with an address, with all other like empowered. PRESIDISA SIGNATURE: SHORE AND TYPED OR PRINTED NAM OF SIGNING OFFICER

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