2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 03, 2008 08:00 A Secretary of State DOCUMENT # P03000139400 RILEY-PRESLEY ELECTRIC CO., INC. Principal Place of Business Mailing Address 5613 BALSAM STREET MILTON FL 32583 5613 BALSAM STREET MILTON FL 32583 2. Frincipal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State Applied For City & State 4. FEI Number 55-0855229 Not Applicable Zφ Country Z:0Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FITZGERALD, J. PAUL 6839 CAROLINE STREET Street Address (P.O. Box Number is Not Acceptable) MILTON FL 32570 City Zip Code FL 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 primed here; of registered agent and title. I suplicable DATE (NOTE: Registrated Agent organizar required when reinstating) *** FILE NOW!!! FEE:IS \$150.00 9, Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITEF Addition TITLE De ete PRESLEY, JOSEPH B SR HAME NAME STREET ADDRESS 5613 BALSAM STREET STREET ADDRESS 03/12/08–80027-011 150.00 CITY ST-ZIP MILTON FL 32583 CITY-ST-202 Delete Change Addition TITLE TITLE NAME PRESLEY, JOSEPH B JR MAME STREET ADDRESS 5613 BALSAM STREET STREET ADDRESS CITY-ST-7IP MILTON FL 32583 CHY-ST-ZIP D ☐ Delete THILE Change ☐ Addition NAME RILEY, L.W. STREET ADDRESS 4613 RILEY ROAD STREET ADDRESS CITY-ST-ZIP MILTON FL 32583 CITY-ST-ZIP TOLE ☐ De ete TIFLE Change Addition CIAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZP TOBE ☐ Derete THE Change Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-2P CHY-SI-ZIP ☐ Defete TITI F ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP

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 path; 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.

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

SIGNATURE:

MACHINE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/08

(850)613-3947

FILED