2005 FOR PROFIT CORPORATION

Feb 07, 2005 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # P04000010776** 02-07-2005 90094 018 ***158.75 JOSE G. ROJAS ELECTRICAL CONTRACTOR, INC. Principal Place of Business Mailing Address **78 BLACKBERRY CREEK DR 78 BLACKBERRY CREEK DR** 50011333 ST CLOUD, FL 34769 ST CLOUD, FL 34769 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032005 CR2E034 (10/03) City & State City & State Applied For 4. FELNumber 06622 Not Applicable Zin Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROJAS, JOSE G Street Address (P.O. Box Number is Not Acceptable) 78 BLACKBERRY CREEK DR ST CLOUD, FL 34769 City Zip 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent algorature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPST TITLE Delete TITLE ☐ Change ☐ Addition ROJAS, JOSE G NAME NAME 78 BLACKBERRY CREEK DR STREET ADDRESS STREET ADDRESS C/TY-ST-7IP ST CLOUD, FL 34769 CITY-ST-ZIP TITLE ☐ Addition fill F ☐ Delete ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Addition TITLE ☐ Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME

12. I hereby 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.

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