

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90304 028 ***150.00

DOCUMENT # P04000019044

1. Entity Name
BRACEWELL ELECTRIC INC.



Principal Place of Business
**13153 ODYSSEY LAKE WAY
ORLANDO, FL 32826 US**

Mailing Address
**P.O. BOX 780963
ORLANDO, FL 32878 US**

50043556

2. Principal Place of Business
18142 SAXONY LN.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122005

Chg-P

CR2E034 (10/03)

City & State
ORLANDO FL.

City & State

4. FEI Number

20-0616706

Applied For

Not Applicable

Zip
32820

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BRACEWELL, DANIEL L
13153 ODYSSEY LAKE WAY
ORLANDO, FL 32826**

7. Name and Address of New Registered Agent

Name **DANIEL L. BRACEWELL**

Street Address (P.O. Box Number is Not Acceptable)
18142 SAXONY LN.

City **ORLANDO**

FL

Zip Code
32820

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
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BRACEWELL, DANIEL L**
STREET ADDRESS **P.O. BOX 780963**
CITY-ST-ZIP **ORLANDO, FL 32878**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☐ Addition
NAME **BRACEWELL, DANIEL L.**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

Daniel L. Bracewell

DANIEL L. BRACEWELL 4/21/05 407-719-0973

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #