## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT.

## DOCUMENT # P05000028413 1. Entity Name FILED DAUCH ELECTRICAL SERVICES, INC. 07 MAY 10 AM 10:50 Principal Place of Business Mailing Address SECRETARY OF STATE 108 SW SOUTH WAKEFIELD CIRCLE 108 SW SOUTH WAKEFIELD CIRCLE PORT ST LUCIE, FL 34953 PORT ST LUCIE, FL 34953 cipal Place of Business - No P.O. Box # 9 Green brier Ave Gree Suite, Apt. #, etc. 05032007 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 20-2393056 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAUCH, FREDERICK R JR Street Address (P.O. Box Number is Not Acceptable) 108 SW SOUTH WAKEFIELD CIRCLE PORT ST LUCIE, FL 34953 tiar 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change O TITLE ☐ Addition TITLE ☐ Delete auch, Frederick R Jr DAUCH, FREDERICK R JR NAME NAME 909 Greenbrier Ave STREET ADDRESS 108 SW SOUTH WAKEFIELD CIRCLE STREET ADDRESS CITY-ST-ZIP PORT ST LUCIE, FL 34953 CITY-ST-ZIP ebastian, Change TITLE ☐ Delete TITLE ■ Addition Dauch Christine NAME DAUCH, CHRISTINE NAME Greenbrier Ave 108 SW SOUTH WAKEFIELD CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORT ST LUCIE, FL 34953 CITY-ST-ZIP bastian. ☐ Delete ☐ Addition TITLE TITLE Change D'AMICO, RICHARD V SR NAME NAME Greenbrier Ave STREET ADDRESS 108 SW SOUTH WAKEFIELD CIRCLE STREET ADDRESS CITY-ST-7/P PORT SAINT LUCIE, FL 34953 CITY-ST-7IP bastian FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIT! F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 05/23/07--01014--005 \*\*61.25 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 a 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 empor SIGNATURE: