
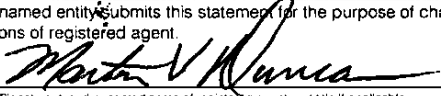



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90159 031 ***150.00

DOCUMENT # P05000109989 1. Entity Name ELECTRICAL CONSTRUCTION AND SERVICE, INC.					
Principal Place of Business 461 SANDLEWOOD DR VENICE, FL 34293			Mailing Address 461 SANDLEWOOD DR VENICE, FL 34293		
2. Principal Place of Business 2688 ORACLE LA		3. Mailing Address P.O. BOX 489			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State NORTH PORT FL		City & State VENICE, FL		4. FEI Number 20-3272923	
Zip 34286		Country 		Applied For <input type="checkbox"/> Not Applicable	
Zip 34284		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRADY, JAMES W 461 SANDLEWOOD DR VENICE, FL 34293				7. Name and Address of New Registered Agent Name DUNCAN, MARTIN V Street Address (P.O. Box Number is Not Acceptable) 2668 ORACLE LANE City NORTH PORT FL 34286	
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  DATE 4/21/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS, CHARLES B 3888 WOODMERE PARK BLVD #11 VENICE, FL 34293	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRADY, JAMES W 461 SANDLEWOOD DR VENICE, FL 34293	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> DUNCAN, MARTIN V 2668 ORACLE LANE NORTH PORT, FL 34286	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DINSMOOR, CLINTON A 3888 WOODMERE PARK BLVD #11 VENICE, FL 34293	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 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:  CLINT DINSMOOR DATE 4/21/06 DAYTIME PHONE # 941-375-2339 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					