2908 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 13, 2008 08:00 AN DOCUMENT # P06000008831 1. Entity Name **Secretary of State** LUTZ ELECTRIC SERVICE, INC. Principal Place of Business Mailing Address 1622 BANYAN DRIVE 1622 BANYAN DRIVE VENICE FL 34293 VENICE FL 34293 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) 4. FEI Number Applied For City & State City & State 59-3831999 Not Applicable Ζıp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LUTZ, DAVID W Street Address (P.O. Box Number is Not Acceptable) 1622 BANYAN DRIVE VENICE FL 34293 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 Signature, typed or printed name of registered agest arest tile it amplicable (NOTE: Registered Agent eighnture required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. P/D Addition TITLE ☐ Derete TITLE U00000857096 LUTZ, FRANCES E NAME 03/28/08-80038-014 150.00 STREET ADDRESS 1622 BANYAN DRIVE STREET ADDRESS VENICE FL 34293 CITY-ST ZIP CITY-ST-ZIP VP/D Delete TITLE TITLE ☐ Change Addition NAME LUTZ, DAVID W III NAME STREET ADDRESS STREET ADDRESS 1622 BANYAN DRIVE CITY-ST-ZIP VENICE FL 34293 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Dalete TITLE NAME LUTZ, DAVID W III HARAG STREET ADDRESS STREET ADORESS 1622 BANYAN DRIVE CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34293 ☐ Derete ☐ Change ☐ Addition THIE TITLE LUTZ, FRANCES E NAME NAME STREET ADDRESS 1622 BANYAN DRIVE STREET ADDRESS CITY-ST-ZIP VENICE FL 34293 CATY-ST-ZIP ☐ Deiete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP Defete ☐ Change TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP

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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 an other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRHYTYPD NAME OF SIGNING OFFICER OR DIRECTOR

DayLord Phone #

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