## 2008 FOR PROFIT CORPORATION

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

## Apr 04, 2008 8:00 am Secretary of State ANNUAL REPORT 04-04-2008 90017 009 \*\*\*150 00 DOCUMENT # P07000090687 1. Entity Name BAJA ELECTRIC SERVICE INC. 40058768 Principal Place of Business Mailing Address 5938 UNTERMEYER COURT 5938 UNTERMEYER COURT N FT. MYERS, FL 33903 N FT. MYERS, FL 33903 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03182008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 26-0695885 Not Applicable Zip Country Country Zio \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEINRICH, DAVID A 5938 UNTERMEYER COURT Street Address (P.O. Box Number is Not Acceptable) N FT. MYERS, FL 33903 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 agent and late it applicable, (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME WEINRICH, DAVID A NAME 5938 UNTERMEYER COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP N FT. MYERS, FL 33903 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition WEINRICH, AMANDA C NAME NAME STREET ADDRESS 5938 UNTERMEYER COURT STREET ADDRESS CITY-ST-ZIP N FT. MYERS, FL 33903 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME 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-ZIP TITLE TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

☐ Change

☐ Addition

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 attaphment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

Delete

255-656-4186 3-31-08 Amanda SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #