

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90392 038 ***150.00

DOCUMENT # P93000030393 1. Entity Name MATT VU ELECTRIC, INC.					
Principal Place of Business 1415 1ST ST N 702 JACKSONVILLE BEACH, FL 32250 US			Mailing Address 2955 HARTLEY ROAD STE 204 JACKSONVILLE, FL 32257 US		
2. Principal Place of Business 10754 SCOTT MILL RD		3. Mailing Address Suite, Apt. #, etc. #5			
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL		4. FEI Number 59-3183533	
Zip 32223		Country US		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VAN VU, MATTHEW 1415 1ST ST N 702 JACKSONVILLE, FL 32257				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10754 SCOTT MILL RD. #5 City JACKSONVILLE, FL Zip Code 32223	
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ☐ Delete VAN VU, MATTHEW 1415 1ST ST N 702 JACKSONVILLE, FL 32257		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 10754 SCOTT MILL RD #5 JACKSONVILLE, FL 32223	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ☐ Delete VU, MARY H 1415 1ST ST N 702 JACKSONVILLE, FL 32257		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 10754 SCOTT MILL RD #5 JACKSONVILLE, FL 32223	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 an officer like empowered.					
SIGNATURE: <u>MATTHEW VAN VU</u> MATTHEW VAN VU 4-13-05 904-396-1666 904-262-1889 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					