2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Apr 23, 2004 8:00 am Secretary of State DOCUMENT # P93000061329 1. Entity Name 04-23-2004 90223 044 ***158.75 THW ELECTRIC, INC. Principal Place of Business Mailing Address 7278 S LEEWYNN DR P.O.BOX 7985 94008101 SARASOTA FL 34240 SARASOTA FL 34278 2. Principal Place of Business 3. Mailing Address 1962 Rolling Green Cit. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0435112 barabota Not Applicable 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 MATTHEWS, TERENCE Street Address (P.O. Box Number is Not Acceptable) 5190 26TH ST. W. SUITE D **BRADENTON FL 34207** City Zio 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1; 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE POP ☐ Delete Change ■ Addition NAME THOMAS, JOHN Thomas, John MAME STREET ADDRESS 7278 S LEEWYNN DR STREET ADDRESS 1962 Rolling Green Cit CITY-ST-ZIP SARASOTA FL 34240 CITY-ST-ZIP Sarasota. _ FL 34240 TITLE Delete TITLE Change Addition Thomas Derise 1962 Rolling Green Cir. THOMAS, DENISE NAME NAME STREET ADDRESS 7278 S LEEWYNN DR STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34240 ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RTLE ☐ Delete ☐ 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 ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

FILED