2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

SIGNATURE:

Secretary of State DOCUMENT # P95000041096 01-24-2005 90048 030 ***150.00 LIVE WIRE ELECTRIC OF NAPLES, INC. Principal Place of Business Mailing Address 486 S GOLF DR 486 S GOLF DR 50005521 NAPLES, FL 34102 NAPLES, FL 34102 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 01152005 Chg-P Applied For City & State City & State 4 FEI Number 65-0607945 Not Applicable €¿Zip Country Zip 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 WILL WILLIS, J N Street Address (P.O. Box Number is Not Acceptable) 486 S GOLF DR NAPLES, FL 34102 GOLF 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. PRES. mature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE'NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP TITLE np □ Delete TITLE Change ☐ Addition WILLIS, J. NEAL 486 S GOLF DR. WILLIS, NEAL NAME NAME STREET ADDRESS 486 S GOLF DR STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34102 CITY-ST-ZIP NAPLES FL 34102 VP TITLE ☐ Delete TITLE ←hange ☐ Addition WILLIS KATHLEEN 486 S GOLF DR. MILLIS, KATHLEEN NAME NAME STREET ADDRESS 486 SOUTH GOLF DRIVE STREET ADDRESS CITY-ST-719 NAPLES, FL 34102 CITY-ST-ZIP JAPLES FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TETL F Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 Jan 24, 2005 8:00 am