2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: 🗹

Secretary of State DOCUMENT # P95000087449 02-14-2006 90002 050 ***158.75 1. Entity Name CUSTOM ELECTRIC SERVICE, INC. Principal Place of Business Mailing Address 60015246 12185 SW HWY 484 107 NE 1ST AVE BELLEVIEW, FL 34420 OCALA, FL 34470-6661 115 2. Principal Place of Business 3. Mailing Address 2215 SE Ft King St Suite, Apt. #, etc. Suite, Apt. #, etc. 02092006 Chg-P CR2E034 (11/05) Ste B Applied For City & State 4 FFI Number City & State 59-3350002 Not Applicable Ocala, FL Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired К Fee Required 34471 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SORENSEN, GARY L 12185 SW HWY. 484 Street Address (P.O. Box Number is Not Acceptable) BELLEVIEW, FL 34420 Zip Code City 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, typed or printed name of registered agent and title it 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. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition SORENSEN, GARY L NAME NAME STREET ADDRESS 12185 SW HWY 484 STREET ADDRESS CITY-ST-ZIP BELLEVIEW, FL 34420 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition SORENSEN, GARY L III NAME NAME Sorensen, Gary L. II STREET ADDRESS 12648 SE 53RD CT STREET ADDRESS 12648 SE 53rd CT CITY-ST-ZIP BELLEVIEW, FL 34420 CITY-ST-ZIP Belleview, FL 34420 TITLE Delete TITLE ☐ Change ☐ Addition WALDRON, DAWN NAME NAME STREET ADDRESS P O BOX 3792 STREET ADDRESS CITY-ST-ZIP BELLEVIEW, FL 34421 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 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 attachment with an address, with all oyler fike empowered.

FILED Feb 14, 2006 8:00 am

2-10-06