2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

ED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

May 16, 2005 08:00 AM Secretary of State DOCUMENT # P96000016216 K C ÉLECTRIC AND SON, INC. Mailing Address Principal Place of Business 4464 72ND AVE N 4464 72ND AVE N PINELLAS PARK, FL 33781 PINELLAS PARK, FL 33781 No Chg-P CR2E034 (10/03) 05122005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3332394 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent COBB, KELVIN M DO NOT WRITE 4464 72ND AVE N PINELLAS PARK, FL 34665 IN THIS SPACE 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 (NOTE Registered Agent signature required when reinstating) ered agent and title if applicable In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS 10. DPS TITLE NAME COBB. KELVIN M 4464 72ND AVE N STREET ADDRESS U00000367262 <u>05/16</u>/05-80027-015 150.00 PINELLAS PARK, FL 33781 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST- 7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STRUET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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