2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 28, 2005 08:00 A DOCUMENT # P96000027415 **Secretary of State** 1. Entity Name KEN BRESE ELECTRIC, INC. Mailing Address Principal Place of Business 22303 WALTON AVENUE PORT CHARLOTTE FL 33952 22303 WALTON AVENUE PORT CHARLOTTE FL 33952 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State 4. FEI Number City & State 65-0658113 Not Applicable \$8.75 Additional Zıp Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRESE, KENNETH G Street Address (P.O. Box Number is Not Acceptable) 22303 WALTON AVENUE PORT CHARLOTTE FL 33952 Zip 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 CATE 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 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Addition ☐ Change TITLE Delete TITLE uddidi ar Sees BRESE, KENNETH G NAME 02/28/05-60b41-012 150.00 STREET ADDRESS STREET ADDRESS 22303 WALTON AVENUE CITY-ST-ZIP PORT CHARLOTTE FL 33952 CITY ST ZIP Change Addition THILE Delete TITLE BRESE, SHIRLEY A NAMi NAME STREET ADDRESS 22303 WALTON AVENUE STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL 33952 CITY ST ZIP Change Addition Delete DITES THILE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY ST-ZIE ☐ Change ☐ Addition ☐ Delete TUTLE TITLE STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY ST-ZIP Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CiTY-ST ZIP ☐ Addition Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-7/P OITY STUZIE 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 eath, 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

KENNETH G. BRESE

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

FILED