

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000080867</b> 1. Entity Name <b>ELECTRICAL ENGINEERING, DESIGN AND INSTALLATION OF WINTER HAVEN, INC.</b>	
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Principal Place of Business <b>7190 SOUTHEAST FEDERAL HIGHWAY #10 STUART, FL 34997-8693</b>	Mailing Address <b>401 EAST OSCEOLA STREET STUART, FL 34994</b>
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01212006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3403752</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>SADOW, BRUCE 18215 SE RIDGEVIEW DRIVE TEQUESTA, FL 33469</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be  
Trust Fund Contribution... Added to Fees**

**000000400311  
02/01/06-40047-023 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SADOW, BRUCE 18215 SE RIDGEVIEW DR TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SADOW, ADAM 18273 SE RIDGEVIEW DR TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SEACH, JANET 2379 TREASURE ISLE DR. #A27 PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 other like empowered.

SIGNATURE: R. BRUCE SADOW **PRESS** 1/26/06 **561-309-0580**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #