## **2005 FOR PROFIT CORPORATION** ANNUAL REPORT

SIGNATURE:

## FILED Jul 05, 2005 08:00 AM **DOCUMENT # P97000102619** Secretary of State T & C ELECTRIC INC. Mailing Address Principal Place of Business 1509 FAYE RD. P.O. BOX 26306 JACKSONVILLE, FL 32226 JACKSONVILLE, FL 32218 CR2E034 (10/03) 06302005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3481823 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CARTER, MARVIN DO NOT WRITE 3043 PRESERVE LANDING DR. JACKSONVILLE, FL 32226 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. 6-30-05 Signature, 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 In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 OFFICERS AND DIRECTORS 10. TITLE MALIF CARTER MARVIN 5603 MAXINE DR STREET ADDRESS JACKSONVILLE, FL 32277 CITY-ST-ZIP U00000370088 07/05/05-80001-022 150.00 TITLE TAYLOR, RONALD NAME STREET ADDRESS 14706 COMPASS DR CITY-ST-ZIP JACKSONVILLE, FL 32226 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 12. I hereby certify that the information supplied with this filling 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 807, 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.

ID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR