2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005
Secretary of State

DOCUMENT# P98000103386

Entity Name: MECHANICAL, ELECTRICAL & PLUMBING OF FLORIDA, INC.

Current Principal Place of Business:

1411 S ORANGE BLOSSOM TRAIL
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

1411 S ORANGE BLOSSOM TRAIL
ORLANDO, FL 32805

New Mailing Address:

FEI Number: 59-3546025 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PETERLIN, CYNTHIA C
1411 S ORANGE BLOSSOM TRAIL
ORLANDO, FL 32805 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MATTHEWS, OWEN STROUD
Address: 2034 COVE TRAIL
City-St-Zip: MAITLAND, FL 32751

Title: T ( ) Delete
Name: KEILING, KENTON S
Address: 1918 KIMBERWICKE CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title: D ( ) Delete
Name: LAWSON, WILLIAM
Address: 1803 ROSEWOOD DR
City-St-Zip: CLERMONT, FL 34711

Title: DP ( ) Delete
Name: ELSEA, JOHN W
Address: 7209 BRANCH TREE DR
City-St-Zip: ORLANDO, FL 32835

Title: S ( ) Delete
Name: PETERLIN, CYNTHIA C
Address: 5514 SATEL DRIVE
City-St-Zip: ORLANDO, FL 32810

Title: DV ( ) Delete
Name: TERRITO, JOE
Address: 441 ENTERPRISE ST
City-St-Zip: OCOEE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOD (X) Change ( ) Addition
Name: MATTHEWS, OWEN STROUD
Address: 2034 COVE TRAIL
City-St-Zip: MAITLAND, FL 32751

Title: T (X) Change ( ) Addition
Name: CRAIN, SHANE
Address: 14232 MAILER BLVD
City-St-Zip: ORLANDO, FL 32828

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OWEN S MATTHEWS CEOD 04/15/2005
Electronic Signature of Signing Officer or Director — Date