2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 25, 2004 8:00 am Secretary of State DOCUMENT # P99000058002 1. Entity Name 03-25-2004 90020 048 ***150 00 SPECTRUM III/FARNES ELECTRICAL CONTRACTORS. INC. Principal Place of Business Mailing Address 7038 40TH TRAIL NORTH W. PALM BEACH FL 33404 7038 40TH TRAIL NORTH W. PALM BEACH FL 33404 2. Principal Place of Business 3. Mailing Address 12198 Sunset Hint Circle Point Circ Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For 4. FEI Number 65-0954019 Not Applicable Country Country \$8.75 Additional Certificate of Status Desired Dies USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FARNES, FRED Idress (P.O. Box Number is Not Acceptable) Sunset Foint Circle 7038 40TH TRAIL NORTH W.:PALM BEACH FL 33404 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 regist SIGNATURE (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Addition TITLE ☐ Delete 12198 SUNSET Point Circle Wellington, FC 33414 5906 LAKE OSBORNE DR. FARNES, FRED NAME NAME STREET ADDRESS 7038-40TH-TRAIL-NORTH STREET ADDRESS CITY-ST-ZIP W. PALM BEACH FL 33404 CITY-ST-ZIP mile ☐ Delete TITLE ☐ Addition FARNES, JOSHUA NAME STREET ADDRESS 7038 40TH TRAIL NORTH STREET ADDRESS LAKE WORTH PI. 33/6/ CITY-ST-ZIP W. PALM BEACH FL-33404 CITY - ST - ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE □ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 the 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee epic changed, or on an attachment with an address.

OFFICER OR DIRECTOR

FILED