2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State
01-10-2005 90045 010 ***150.00

DOCUMENT # P99000078061

1. Entity Name
MYRIAD ELECTRICAL CONTRACTORS, INC.

Principal Place of Business	Mailing Address
117 N. SCOTT AVENUE SANFORD, FL 32771	117 N. SCOTT AVENUE SANFORD, FL 32771

40000541

01032005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
2410 S. Sanford AV		2410 S Sanford AV	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Sanford, FL		City & State: Sanford, FL	
Zip: 32771	Country: US	Zip: 32771	Country: US

4. FEI Number: 59-3609679 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHAFFER, ROBERT E
117 N. SCOTT AVENUE
SANFORD, FL 32771

7. Name and Address of New Registered Agent

Name: Shaffer, Robert E
Street Address (P.O. Box Number is Not Acceptable): 2410 S Sanford AV
City: Sanford FL Zip Code: 32771

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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAFFER, ROBERT E 117 N. SCOTT AVENUE SANFORD, FL 32771	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Shaffer, Robert E 2410 S Sanford AV Sanford, FL 32771	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 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: Robert E. Shaffer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #