2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Feb 18, 2008 08:00 AM Secretary of State **DOCUMENT # S03436** STATEWIDE ELECTRICAL SYSTEMS, INC. Principal Place of Business Mailing Address P. O. BOX 1478 P. O. BOX 1478 LAND-O-LAKES, FL 34639 LAND-O-LAKES, FL 34639 01102008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3028932 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent JONES, STEVEN F. DO NOT WRITE 4037 DICKINSON PL LAND O LAKES, FL 34639 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. Signature, woed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing uonooog29965 26/08-80065-007 150.00 FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **PRES** 31flT JONES, STEVEN F. NAME 4037 DICKINSON PLACE STREET ADDRESS CITY-ST-ZIP LAND O LAKES, FL 34639 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP NAME

12. I hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver or trustee ampowered 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:

STREET ADDRESS CITY-ST-ZIP

> Sleven F. Jones NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR