2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 27, 2006 08:00 AM Secretary of State DOCUMENT # S09348 1. Entity Name LAMAR OLLIFF ELECTRIC, INC. Principal Place of Business Mailing Address 2810 E MAIN ST P.O.BOX 1197 LAKELAND FL 33801 EATON PARK FL 33840 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State 4. FEI Number City & State 59-3042177 Not Applicat Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OLLIFF, LAMAR Street Address (P.O. Box Number is Not Acceptable) 3074 SHARL CREEK DRIVE LAKELAND FL 33803 Zip Code 3. 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 some the obligations of registered agent. SIGNATURE . Signature, typed in printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May £ After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS tO. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete DIME ☐ Change The state of the s OLLIFF, LAMAR NAME NAME U00000449288 03/09/06-80049-008 150.00 STREET ADDRESS 3074 SHOAL CHEEK VILLAGE DR. STREET ADDRESS LAKELAND FL 33803 CITY - ST-ZIP CITY-ST-ZIE TITLE Delete NAME NAME STREET ADDRESS STREES ADDRESS CITY-ST-ZIP City-ST-ZIP Addition TITLE Delete TITLE П Спапае STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP ☐ Change ☐ ###** TITLE Delete 33115 MANE NAME STREET ADDRESS STREET ADDRESS CUTY-ST-ZIP CITY -ST-21P TITLE Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete HILE ☐ Change ☐ Mair NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 oath, that I am an officer or director of the occupion of the receipter of the secure to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter or an attachment the same legal effect as if made under one of the same legal effect as if made under oath, that I am an officer or director of the occupion of the receipt of the same legal effect as if made under oath, that I am an officer or director of the occupion occupied of the occupion occupied of the occupion occupied oc

Feb. 24, 2006

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