2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 05, 2004 8:00 am Secretary of State **DOCUMENT # S99909** 04-05-2004 90063 011 ***150.00 1. Entity Name ELECTRO MECHANICAL SOUTH, INC. Principal Place of Business Mailing Address 1575 CATTLEMEN ROAD 1575 CATTLEMEN ROAD SARASOTA, FL 34232 SARASOTA, FL 34232 04022004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0308444 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROMANOFF, RICHARD B DO NOT WRITE 1575 CATTLEMAN ROAD SARASOTA, FL 34232 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME ROMANOFF, RICHARD B. 1575 CATTLEMAN ROAD STREET ADDRESS CITY-ST-ZIP SARASOTA, FL TITLE ROMANOFF, SHIRLEY NAME STREET ADDRESS 1575 CATTLEMEN ROAD CITY-ST-ZIP SARASOTA, FL 34232 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 attachme

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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