2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 21, 2008 8:00 am Secretary of State **DOCUMENT # V22899** 04-21-2008 90068 014 ***150 00 RIVERSIDE ELECTRIC OF VOLUSIA COUNTY, INC. Principal Place of Business Mailing Address 5300 SOUTH ATALNTIC AVE. PO BOX 1246 NEW SMYRNA BEACH, FL 32169 NEW SMYRNA BEACH, FL 32170 115 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04142008 CR2E034 (12/06) Chg-P City & State 4. FEI Number City & State Applied For 59-3115151 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SEARFOSS, DANIEL E Street Address (P.O. Box Number is Not Acceptable) 1335 FALLWOOD DR DELTONA, FL 32725 City Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PRES OWNR Delete TITLE Change ■ Addition TITLE FAHEY EDWARD W. 5300 SATLANTIC AVE 10-306 FAHEY, EDWARD J NAME NAME 822 26TH AVE. STREET ADDRESS STREET ADDRESS NEW SMYRNA BEACH FL 32169 NEW SMYRNA BEACH, FL 32169 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE FAHEY, EDWARD J 4817 RIVERSIDE DR NAME NAME STREET ADDRESS STREET ADDRESS 34498 CITY-ST-ZIP YANKEETOWN FL CITY-ST-ZIP Addition ☐ Delete TITLE TRES ☐ Change TITLE SEARFOSS, DANIEL E 1335 FALL WOOD DR DELTONA FL 32725 NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Defete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing 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 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.

EDWARD W. FAHEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

4/17/2008

386-423**-8800**