

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 416573 1. Entity Name LAUGHLEN ELECTRIC, INC.	
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Principal Place of Business 13655 PINECREST DR. LARGO, FL 33774-4129 US	Mailing Address 13655 PINCREST DRIVE LARGO, FL 33774 US
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01102004 No Chg-P CR2E034 (10/03)

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4. FEI Number 59-1438129	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONASSEN, WM S
 10785 ULMERTON RD
 LARGO, FL 33774

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAUGHLEN, DONALD C. 13655 PINECREST DR. LARGO FL.,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LAUGHLEN, PATRICIA E. 13655 PINECREST DR. LARGO FL.,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LAUGHLEN, GLEN DOUGLAS 13655 PINECREST DRIVE LARGO, FL
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 04/12/04-80067-024 150.00

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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: Donald C. Laughlen 4/8/04 727-595-0204
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #