

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # 498524 1. Entity Name DI VONA BROTHERS ELECTRIC, INC.	
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Principal Place of Business 3405 DREXEL ST TAMPA, FL 33629	Mailing Address 3405 DREXEL ST TAMPA, FL 33629
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DO NOT WRITE IN THIS SPACE



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1649212	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DIVONA, CONCETTA 3405 DREXEL ST TAMPA, FL 33629	DO NOT WRITE IN THIS SPACE
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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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)	DATE _____
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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	000000033544 02/05/04-80047-018 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS DIVONA, STEPHEN 3405 DREXEL ST. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT DIVONA, CONCETTA 3405 DREXEL ST. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIVONA, CONCETTA 3405 DREXEL ST. TAMPA, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: <u>Concetta DiVona</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>01-17-04</u> Date	<u>813-837-6114</u> Daytime Phone #
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