


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 529570**  
 1. Entity Name  
**F & L ELECTRIC COMPANY, INC.**



Principal Place of Business: **2305 COLLEGE AVE E  
 PO BOX 1957  
 RUSKIN, FL 33570**  
 Mailing Address: **P.O. BOX 1957  
 RUSKIN, FL 33575**

**DO NOT WRITE IN THIS SPACE**



02172005 No Chg-P CR2E034 (10/03)

4. FEI Number: **59-1736056** Applied For:  Not Applicable:   
 5. Certificate of Status Desired:  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**FOUTS, CHARLES  
 1407 DEIRDRE DR  
 RUSKIN, FL 33570**

**DO NOT WRITE 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FOUTS, CHARLES
STREET ADDRESS	1407 DEIRDRE DRIVE
CITY-ST-ZIP	RUSKIN, FL
TITLE	ST
NAME	LYNCH, TERRY
STREET ADDRESS	11126 VILLAS ON THE GREEN
CITY-ST-ZIP	RIVERVIEW, FL
TITLE	V
NAME	LYNCH, JACQUELINE
STREET ADDRESS	11126 VILLAS ON THE GREEN
CITY-ST-ZIP	RIVERVIEW, FL
TITLE	V
NAME	FOUTS, KIM
STREET ADDRESS	1407 DEIRDRE DR.
CITY-ST-ZIP	RUSKIN, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**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: Kimberly J Fouts **3/10/05** 813-645-3191  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #