

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 549013**  
 1. Entity Name  
**LAVANDERA ELECTRIC COMPANY**



Principal Place of Business <b>4705 HESPERIDES          PO BOX 15715          TAMPA, FL 33684 US</b>	Mailing Address <b>4705 HESPERIDES          PO BOX 15715          TAMPA, FL 33684 US</b>
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01282005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1772390</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**GARCIA, JOSEPH  
 SUITE 2560 BARNETT PL, 101 E KENNEDY BLV  
 TAMPA, FL 33602**

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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, 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 NAME STREET ADDRESS CITY - ST - ZIP	STD ALICE LAVANDERA 7410 MIRACLE LANE ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RALPH LAVANDERA JR. 7410 MIRACLE LANE ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 02/01/2005-80047-003 158.75

**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)(f), 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: *Alice Lavandera* **1-28-05** **813-872-3486**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #