

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # G59791 1. Entity Name MADER ELECTRIC, INC.	
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Principal Place of Business 7260 15TH ST EAST SARASOTA, FL 34234 US	Mailing Address 7414 WESTMORELAND DR SARASOTA, FL 34243 US
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2328613	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 JEFFRIES, MICHAEL R. 7414 WESTMORELAND DR SARASOTA, FL 34243
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JEFFRIES, MICHAEL R. 7414 WESTMORELAND DR SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD JEFFRIES, PATRICIA L 7414 WESTMORELAND DR SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD JEFFRIES, PAUL J 7414 WESTMORELAND DR SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS LE, KAREN N 7414 WESTMORELAND DR SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/30/04-80029-021 150.00

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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:

Patricia L. Jeffries
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-2004
Date

Daytime Phone #