

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L36485

FILED  
Apr 29, 2004  
Secretary of State

Entity Name: DON CANNON ELECTRIC, INC.

**Current Principal Place of Business:**

21660 GLADES CUTOFF RD  
PORT SAINT LUCIE, FL 34987

**New Principal Place of Business:**

**Current Mailing Address:**

21660 GLADES CUTOFF RD  
PORT SAINT LUCIE, FL 34987

**New Mailing Address:**

FEI Number: 65-0166919

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PHILLIPS, KENDALL J  
THE BOSTON HOUSE  
239S INDIAN RIVER DR  
FT PIERCE, FL 34950 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CANNON, DONALD JOSEP, H  
Address: 21660 GLADES CUT OFF ROAD  
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: VD ( ) Delete  
Name: FOSTER, ARTHUR DOUGL, ASS  
Address: 734 DELAWARE AVE.  
City-St-Zip: FT PIERCE FL,

Title: ST ( ) Delete  
Name: CANNON, RITA  
Address: 21660 GLADES CUT OFF ROAD  
City-St-Zip: PORT SAINT LUCIE, FL 34987

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON CANNON

PD

04/29/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date