


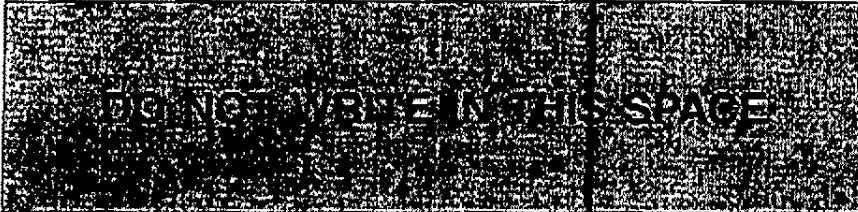
2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # M64723
 1. Entity Name
DAUPLAISE ELECTRIC CONTRACTORS, INC.



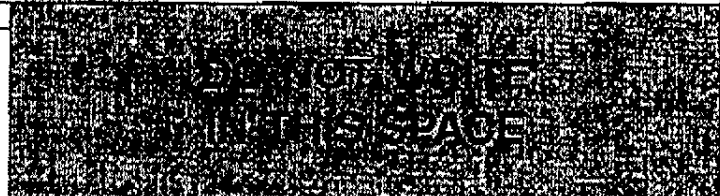
Principal Place of Business % JOHN A. DAUPLAISE 2242 SHADOW OAKS ROAD SARASOTA, FL 34240 US	Mailing Address % JOHN A. DAUPLAISE 2242 SHADOW OAKS ROAD SARASOTA, FL 34240 US
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04302004 No Chg-P CR2E034 (10/03)

4. FBI Number 85-0022024	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DAUPLAISE, JOHN A.
2242 SHADOW OAKS ROAD
SARASOTA, FL 34240

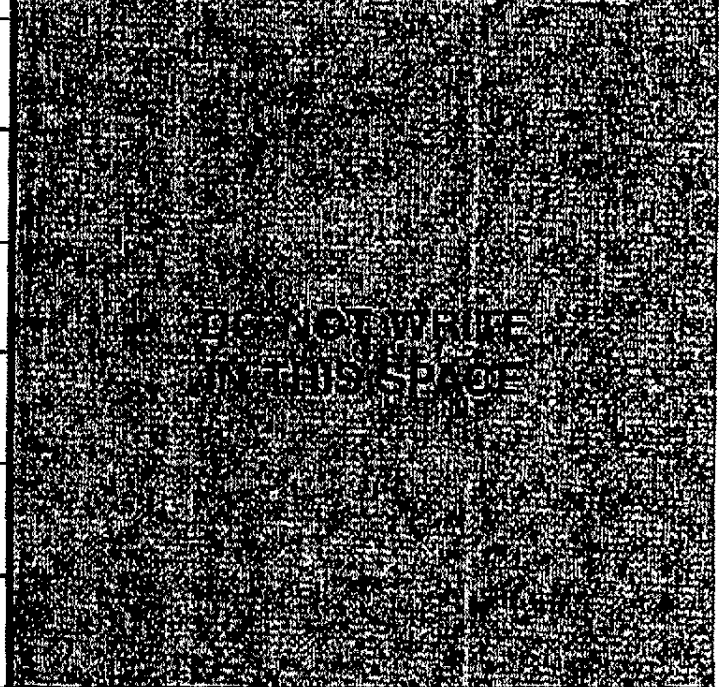


7. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00	8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000152849 05/04/04-80102-021 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAUPLAISE, JOHN A. 2242 SHADOW OAKS ROAD SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRINK, DANIEL W. 5766 RAVENWOOD DR. SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DAUPLAISE, HELEN L. 2242 SHADOW OAKS RD SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	



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:  **4/30/04** **941 855 6200**
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Daytime Phone #