

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2004 8:00 am
Secretary of State

06-08-2004 90002 005 ***150.00

DOCUMENT # P00000059220



1. Entry Name
 MAHONEY ELECTRIC, INC.

Principal Place of Business
 4110 ENTERPRISE AVE
 217
 NAPLES, FL 34104

Mailing Address
 4110 ENTERPRISE AVE
 217
 NAPLES, FL 34104

44046246



05272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

4. FEI Number
 65-1018124

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SW PROFESSIONAL SERVICES OF SO: FL
 13571 MCGREGOR BLVD #22
 FORT MYERS, FL 33919

7. Name and Address of New Registered Agent
 Name
 HERITAGE TAX + CONSULTING SERVICES, INC.
 Street Address (P.O. Box Number is Not Acceptable)
 11220 METRO PKWY #3
 City FORT MYERS, FL Zip Code 33912

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]* DATE: 5/28/04

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 Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MAHONEY, SEAN 3215 LA COSTA CIRCLE, #303 NAPLES, FL 34105 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* DATE: 6-4-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mail ASP
TAX TRANSMITTAL MEMO *Atchley Electric*

The attached form is you're: **FLORIDA CORPORATION ANNUAL REPORT**

You should file this now although it will not be delinquent until May 1st.
If you fail to file this form, you will receive a reminder. If you still do not file, **YOUR CORPORATION WILL BE DISSOLVED BY THE STATE. REINSTATEMENT IS EXPENSIVE.**

SIGN THE TAX FORM, MAKE YOUR CHECK FOR \$150.00 payable to FLORIDA DEPARTMENT OF STATE. And mail to: Division of Corporations
P.O. Box 1500 Tallahassee, FL 32302-1500 in the enclosed envelope.

RETURN THIS TO US. DATE PAID 6-4-04 CHECK# 3324

Attachment
44046246
#P0000059220