


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90015 017 ***158.75

DOCUMENT # P00000106685 1. Entity Name LACOSTE ELECTRIC COMPANY, INC. <i>DBA Scott Lacoste Construction</i>					
Principal Place of Business 2817 TEN MILE RD PACE, FL 32571			Mailing Address 2817 TEN MILE RD PACE, FL 32571		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc. 4474 Woodbine Rd Suite 3 #9			Suite, Apt. #, etc. 4474 Woodbine Rd Suite 3 #9		
City & State Pace, FL 32571			City & State Pace, FL		
Zip 32571			Zip 32571		
Country USA			Country USA		
4. FEI Number 59-3683280			01202004 Chg-P CR2E034 (10/03)		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			Applicable For Not Applicable		
6. Name and Address of Current Registered Agent LACOSTE, S. SCOTT 2817 TEN MILE RD. PACE, FL 32571			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Numbers Not Acceptable) 4474 Woodbine Rd Suite 3 #9 City Pace FL Zip Code 32571		
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 <i>S. Scott</i> DATE 1-20-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LACOSTE, S. SCOTT 2817 TEN MILE RD. PACE, FL 32571	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4474 Woodbine Road Suite 3 #9 Pace, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LACOSTE, L.M. JR 5040 POTOMAC DR. PACE, FL 32571	<input checked="" type="checkbox"/> Delete		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"/> Delete	<input type="checkbox"/> Delete		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"/> Delete	<input type="checkbox"/> Delete		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"/> Delete	<input type="checkbox"/> Delete		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"/> Delete	<input type="checkbox"/> Delete		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: <i>S. Scott</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 1-20-04 Daytime Phone # 850-594-7373	