

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90548 012 \*\*\*150.00

**DOCUMENT # P00000106685**

1. Entity Name  
**LACOSTE ELECTRIC COMPANY, INC.**



Principal Place of Business  
**4474 WOODBINE RD.  
 SUITE 3, #9  
 PACE, FL 32571**

Mailing Address  
**4474 WOODBINE RD.  
 SUITE 3, #9  
 PACE, FL 32571**

2. Principal Place of Business  
**2791 Ten Mile Rd**

3. Mailing Address  
**Same**

Suite, Apt. #, etc.

City & State  
**Pace FL**

City & State  
**Same**

Zip  
**32571**

Country  
**USA**

**14014989**



04192005 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3683280**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**LACOSTE, S. SCOTT  
 4474 WOODBINE RD.  
 SUITE 3, #9  
 PACE, FL 32571**

7. Name and Address of New Registered Agent

Name  
**L.M. LaCoste**

Street Address (P.O. Box Number is Not Acceptable)  
**2791 Ten Mile Road**

City  
**Pace**

State  
**FL**

Zip Code  
**32571**

8. The above named entity admits 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: *L.M. LaCoste* **L.M. LA COSTE** **4-27-05**

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LACOSTE, S. SCOTT</b> <b>4474 WOODBINE RD. STE. 3, #9</b> <b>PACE, FL 32571</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LACOSTE, L.M. JR</b> <b>5040 POTOMAC DR.</b> <b>PACE, FL 32571</b> <input checked="" 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	<b>D</b> <b>LaCoste, L.M. Sr</b> <b>2791 Ten Mile Rd</b> <b>Pace FL 32571</b> <input checked="" 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
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: *L.M. LaCoste* **L.M. LA COSTE** **4-27-05** **850-554-0493**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #