


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004 8:00 am
Secretary of State

02-13-2004 90009 017 ***158.75

DOCUMENT # P97000021647
 1. Entity Name
 ELECTRICAL CONSULTING GROUP, INC.



Principal Place of Business: 324-B MONROE STREET, DUNEDIN, FL 34698
 Mailing Address: PO BOX 2635, DUNEDIN, FL 34697 US

54006034



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: City & State
 Zip: Zip Country: Country

01062004 Chg-P CR2E034 (10/03)

4. FEI Number: 59-3431743
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
 GREENLEAF, KIMBERLY H
 324-B MONROE STREET
 DUNEDIN, FL 34698

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

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: _____ 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 \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HUETTIG, WILLIAM D	
STREET ADDRESS	499 HAMMOCK DR	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE	VTSD	<input type="checkbox"/> Delete
NAME	GREENLEAF, KIMBERLY H	
STREET ADDRESS	1170 IDLEWILD DR N	
CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE	V	<input type="checkbox"/> Delete
NAME	LERERONE, FRANK	
STREET ADDRESS	3044 CONIFER DRIVE	
CITY-ST-ZIP	LARGO, FL 33771	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VTSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Greenleaf, Kimberly H	
STREET ADDRESS	1430 Weathering ton Way	
CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Kimberly Greenleaf* 2/10/04 787-736-1447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Kimberly Greenleaf, VP