

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000027209

FILED
Feb 24, 2004
Secretary of State

Entity Name: HART ELECTRICAL CONSTRUCTION, INC.

Current Principal Place of Business:

6218 LIMA AVENUE
HOMOSASSA, FL 34446

New Principal Place of Business:

Current Mailing Address:

6218 LIMA AVENUE
HOMOSASSA, FL 34446

New Mailing Address:

FEI Number: 59-2314006

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANGARANO, ROBERTA L
6218 LIMA AVENUE
HOMOSASSA, FL 34446 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ANGARANO, ROBERTA L
Address: 3662 S. HWY. 301
City-St-Zip: BUSHNELL, FL 33513

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ANGARANO, ROBERTA L
Address: 6218 LIMA AVENUE
City-St-Zip: HOMOSASSA, FL 34446 US

Title: VP () Change (X) Addition
Name: HART, THOMAS M
Address: 14215 COBRA WAY
City-St-Zip: HUDSON, FL 34669

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERTA L. ANGARANO

PD

02/24/2004

Electronic Signature of Signing Officer or Director

_____ Date