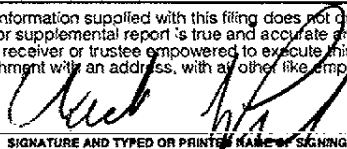


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # F58669		
1. Entity Name STATE AUTO ELECTRIC, INC.		
Principal Place of Business 106 E MERRITT ISL CSWY MERRITT ISLAND, FL 32952-3674 US		Mailing Address 106 E MERRITT ISL CSWY MERRITT ISLAND, FL 32952-3674 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PELOSI, MICHAEL J. 106 E MERRITT ISL CSWY MERRITT ISLAND, FL 32952		DO NOT WRITE IN THIS SPACE
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, 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	DO NOT WRITE IN THIS SPACE
NAME	PELOSI, MICHAEL J	
STREET ADDRESS	2575 SOUTH TROPICAL TR	
CITY- ST- ZIP	MERRITT ISLAND, FL 0,	
TITLE	D	
NAME	PELOSI, LORRAINE	
STREET ADDRESS	2575 SOUTH TROPICAL TR	DO NOT WRITE IN THIS SPACE
CITY- ST- ZIP	MERRITT ISLAND, FL 0,	
TITLE	D	
NAME	PELOSI, MICHAEL J JR.	
STREET ADDRESS	7170 N. HWY 2 # 101	
CITY- ST- ZIP	COCOA, FL 32927	
TITLE		DO NOT WRITE IN THIS SPACE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		DO NOT WRITE IN THIS SPACE
CITY- ST- ZIP		
TITLE		
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:  MICHAEL J. PELOSI		Date: 4-20-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



04272004 No Chg-P CR2E034 (10/03)

4. FCI Number 59-2158093	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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04/30/04-80087-007 150.00