

# ANNUAL REPORT

DOCUMENT # 178173

1. Entity Name

SMITH & HOOTEN ELECTRIC CO., INC.



Apr 15,  
Secr

Principal Place of Business

2030 THOMAS STREET  
HOLLYWOOD, FL 33020 US

Mailing Address

2030 THOMAS STREET  
HOLLYWOOD, FL 33020 US



04052004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-0714392

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COYNE, GREGORY  
619 HIBISCUS DR  
HALLANDALE, FL 33009

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

*Gregory J Coyne*  
Signature of registered agent and if applicable (NOTE: Registered Agent's signature required when re-instating)

4-13-04

DATE

**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

VD

NAME

COYNE, CHERYL

STREET ADDRESS

619 HIBISCUS DR

CITY-ST-ZIP

HALLANDALE, FL 33009

TITLE

PD

NAME

COYNE, GREGORY

STREET ADDRESS

619 HIBISCUS DR

CITY-ST-ZIP

HALLANDALE, FL 33009

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

U000000114134  
04/15/04-80036-018 150.00

DO NOT WRITE  
IN THIS SPACE

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

*Gregory J Coyne*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-04

Date

Daytime Phone #