


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # 306025 1. Entity Name COUNTY ELECTRIC INC	
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Principal Place of Business 552 NE 34TH COURT FT LAUDERDALE, FL 33334	Mailing Address 552 NE 34TH COURT FT LAUDERDALE, FL 33334
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DO NOT WRITE IN THIS SPACE



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1149448	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CASORIA, PETER JR.
1610 SOUTH OCEAN DRIVE
FT. LAUDERDALE, FL 33311**

**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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASORIA, PETER JR. 1610 S. OCEAN DRIVE FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASORIA, PATRICIA 1610 S. OCEAN DRIVE FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASORIA, PETER SR. 4020 GALT OCEAN DR FT LAUDERDALE, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CASORIA, DAVID H. 3210 NW 66 ST. FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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02/09/04 80092 018 150.00

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: Peter Casoria **Peter Casoria** 2/4/04 954-565-2400

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