

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 316470

FILED  
Jan 16, 2004  
Secretary of State

Entity Name: LAURY LEE ELECTRIC, INC.

**Current Principal Place of Business:**

5115 SOUTHWEST 64TH AVENUE  
FT. LAUDERDALE, FL 33314

**New Principal Place of Business:**

**Current Mailing Address:**

5115 SOUTHWEST 64TH AVENUE  
FT. LAUDERDALE, FL 33314

**New Mailing Address:**

FEI Number: 59-1169582

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEE, LAURY C  
5115 SW 64TH AVENUE  
DAVIE, FL 333142206

**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: PVS ( ) Delete  
Name: LEE, LAURY C.,  
Address: 5115 SW 64 AVE.  
City-St-Zip: DAVIE, FL

Title: T ( ) Delete  
Name: LEE, LAURY C.,  
Address: 5115 SW 64TH AVE.  
City-St-Zip: DAVIE, FL

Title: DCM ( ) Delete  
Name: LEE, LAURY C.,  
Address: 5115 SW 64TH AVE.  
City-St-Zip: DAVIE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LEE, LAURY C.

PVS

01/16/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date