2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 26, 2004 08:00 AM Secretary of State **DOCUMENT # 367475** 1. Entity Name TEAGAN ELECTRIC, INC. Mailing Address Principal Place of Business 74 MAPLE STREET BHR OKEECHOBEE FL 23974 74 MAPLE STREET BHR OKEECHOBEE FL 23974 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 59-1298018 Not Applicable Country Ζıρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TEAGAN, ROBERT Street Address (P.O. Box Number is Not Acceptable) 74 MAPLE STREET BHR **OKEECHOBEE FL 23974** City Zro Code 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 oblin ·~d agent. SIGNATURE Signature, typed or printed name of registers. (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change ☐ Addition U00000067027 NAME TEAGAN, ROBERT NAME STREET ADDRESS 02/26/04-80035-018 150.00 STREET ADDRESS 74 MAPLE STREET BHR OKEECHOBEE FL 23974 CITY-ST-ZIP CITY -ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City St-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRÉSS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP

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changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: A DOUT 100 0 AV.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF FIGER OR DIRECTOR.

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12. Thereby 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