

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90314 008 ***158.75

DOCUMENT # 381027

1. Entity Name

M & W ELECTRIC COMPANY, INC



Principal Place of Business

**111 WEST MAIN STREET
PERRY FL 32347**

Mailing Address

**111 WEST MAIN STREET
PERRY FL 32347**

2. Principal Place of Business

416 W. Main St.

Suite, Apt. #, etc.

3. Mailing Address

416 W. Main St.

Suite, Apt. #, etc.

City & State

Perry, Fla. 32347

City & State

Perry, Fla.

4. FEI Number

59-1362967

Applied For

Not Applicable

Zip

32347

Country

Taylor

Zip

32347

Country

Taylor

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COOPER, MELANIE W
416 W MAIN STREET
PERRY FL 32347**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip 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 obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PDSD
NAME WRAY, LOVA B ☒ Delete
STREET ADDRESS 1205 N. SPRINGFIELD
CITY-ST-ZIP PERRY FL 32347

TITLE VT
NAME COOPER, MELANIE W ☐ Delete
STREET ADDRESS 416 WEST MAIN ST
CITY-ST-ZIP PERRY FL 32347

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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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: Melanie W. Cooper vt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-04

Date

Daytime Phone #

850-584-6712

584-2322