2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Feb 12, 2004 08:00 AM **DOCUMENT # 454924** 1. Entity Name **Secretary of State** BILLY BROWN ELECTRIC, INC. Mailing Address Principal Place of Business 6681 BRIARCLIFF RD. 6681 BRIARCLIFF RD. FT.MYERS FL 33912 FT.MYERS FL 33912 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-1539765 Not Applicable Zip Country Ζiρ 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 O'HALLORAN, ROGER E. Street Address (P.O. Box Number is Not Acceptable) 3443 HANÇOCK BRIDGE PKY SUITE 401 N. FT. MYERS FL 33903 City 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 primted name of registered agont and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE Delete TIBLE Change ... Addition U00000048876 BROWN, WILLIAM M. NAME NAME 02/13/04-80001-004 150.00 6681 BRIARCLIFF RD. STREET ADDRESS STREET ADDRESS FT. MYERS FL 33912 CITY-ST-ZIP CITY - ST - ZIP me ☐ Delete TITLE Change ☐ Addition HUTCHENS, RANDALL G. NAME NAME STREET ADDRESS **6772 BABCOCK STREET** STREET ADDRESS FT. MEYERS FL 33912 CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change Addition TITLE DS NAME NAME BROWN, PEGGY J STREET ADDRESS 6681 BRIARCLIFF RD. STREET ADDRESS FT MYERS FL 33912 CITY+ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TIFLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP 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

SIGNATURE: LIGARY & Brown FEGGY J. Brown 2-10-04 239-481-5168
SIGNATURE: SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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