


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 463818</b> 1. Entity Name <b>ADVANCE ELECTRIC OF TAMPA, INC.</b>	
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Principal Place of Business <b>WALDEN-SHEFFIELD RD PO BOX 1360 DOVER, FL 33527-2360</b>	Mailing Address <b>WALDEN-SHEFFIELD RD PO BOX 1360 DOVER, FL 33527-2360</b>
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**DO NOT WRITE IN THIS SPACE**



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1746469</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>SMITH, EARL LAMAR 13927 WALDEN SHEFFIELD ROAD DOVER, FL 33527</b>
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000051469 02/16/04-80052-025 158.75
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SMITH, MARY LOUISE 13927 WALDEN SHEFFIELD ROAD DOVER, FL 33527
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SMITH, EARL LAMAR 13927 WALDEN SHEFFIELD ROAD DOVER, FL 33527
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 an other like empowered.

<b>SIGNATURE:</b> <i>Earl L. Smith</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>2-9-04</i> <small>DATE</small>	<i>813-659-0335</i> <small>Daytime Phone #</small>
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