## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT #491751** 1. Entity Name GAYLORD/MILLER ELECTRIC CORPORATION

**FILED** Feb 09, 2004 08:00 AM Secretary of State

Principal Place of Business 602 N OREGON AVE TAMPA, FL 33606-0006 Mailing Address 602 N OREGON AVE TAMPA, FL 33606-0006



01072004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-1631953

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TEPPER, JAMES A

SIGNATURE:

## DO NOT WRITE

| TAMPA, FL 33614  |  |   | 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE  |  |   |               |                                |   |
|  | E NOW!!! FEE IS \$150.00<br>ay 1, 2004 Fee will be \$550.00                            | <ol> <li>Election Campaign Financin<br/>Trust Fund Contribution.</li> </ol> | <b>"</b> 🗆    | \$5.00 May Be<br>Added to Fees |   |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP  | OFFICERS AND DIRECT<br>S<br>MCCASLAND, WILLIAM G<br>1411 E HENRY ST<br>TAMPA, FL 33604 | TORS  |               |                                | U00000042796<br>02/10/04-80039-005 150.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>MROCZKOWSKI, SCOTT J<br>550 EMBERWOOD DRIVE<br>BRANDON, FL 33511                  |   |               |                                |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | P<br>TEPPER, JAMES A<br>2811 W PATTERSON ST<br>TAMPA, FL 33614                         |   |               | DO                             | NOT WRITE                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>MOCK, STEPHEN W II<br>43341 AVE E<br>SAINT PETERSBURG, FL 33703                  |   |               | IN .                           | THIS SPACE                                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |   |               |                                |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   |               |                                |   |
| 12. I hereby certify that the information supplied with this filling 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 |  |   |               |                                |   |