## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 654929** 

FILED Apr 29, 2004 Secretary of State

| Entity Na                                     | me: SLENTZ  | ELECTRIC, INC.                            |   |  |  |
|---|---|---|---|--|--|
| Current Principal Place of Business:          |   |   | New Principal Place                         | New Principal Place of Business:             |  |
|   | H AVE DR E<br>O, FL 34221                           | US  | 655 17TH STREET W<br>C<br>PALMETTO, FL 3422 |  |  |
| Current Mailing Address:                      |   |   | New Mailing Addres                          | New Mailing Address:                         |  |
| P.O. BOX 550<br>PALMETTO, FL 34220550 US      |   | P.O. BOX 550<br>PALMETTO, FL 34220-550 US |   |  |  |
| FEI Number                                    | : 59-1996013  | FEI Number Applied For()                  | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: |   |   | Name and Address of New Registered Agent:   |  |  |
| PALMETT The above                             | ST. WEST<br>O, FL 34221                             | US<br>submits this statement for the      | purpose of changing its registere           | ed office or registered agent, or both,      |  |
| SIGNATU                                       | RE:   |   |   |  |  |
|   | Electro   | nic Signature of Registered Ag            | ent   | Date   |  |
| Election Ca                                   | mpaign Financin                                     | g Trust Fund Contribution ( ).            |   |  |  |
| OFFICERS AND DIRECTORS:                       |   |   | ADDITIONS/CHANG                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | DV (<br>FOY, CHRISTI<br>1112 6TH ST.<br>PALMETTO, F | WEST                                      | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |
| Title:<br>Name:<br>Address:                   | DP (<br>FOY, MATTHE                                 | ) Delete                                  | Title:                                      | ( ) Change ( ) Addition                      |  |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISITNE FOY 04/29/2004 DV