

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 30, 2004 8:00 am**  
**Secretary of State**

06-30-2004 90001 008 \*\*\*150.00

**DOCUMENT # 675221**

1. Entity Name  
**ORANGE STATE ELECTRIC INC.**



Principal Place of Business

% MILDRED TUCKER  
115B COLLEGE DRIVE  
ORANGE PARK, FL 32065 US

Mailing Address

115 B COLLEGE DRIVE  
ORANGE PARK, FL 32065 US

**04059293**



06252004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2012721

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

TUCKER, DOYLE C.  
1954 OLD TRAIL ROAD  
DOCTORS INLET, FL 32068

**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

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**  
Due by September 8, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	ST
NAME	TUCKER, MILDRED E
STREET ADDRESS	1954 OLD TRAIL ROAD
CITY-ST-ZIP	DOCTOR'S INLET, FL 32068 30
TITLE	PD
NAME	TUCKER, DOYLE C
STREET ADDRESS	1954 OLD TRAIL ROAD
CITY-ST-ZIP	DOCTORS INLET, FL 32068 30
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** Mildred E. Tucker / Mildred E. Tucker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/25/04

Date

904 2763

Daytime Phone #