



**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 692005</b> 1. Entity Name GORE ELECTRIC, HEATING, REFRIGERATION AND AIR C ONDITIONING, INC.		
Principal Place of Business 238 NO MASSACHUSETTS AVE LAKELAND, FL 33801	Mailing Address 238 NO MASSACHUSETTS AVE LAKELAND, FL 33801	
<b>DO NOT WRITE IN THIS SPACE</b>		
		01262004 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-2112616
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent GORE, MILDRED E. 238 NO MASSACHUSETTS AVE LAKELAND, FL 33801		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
<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"/> \$5.00 May Be Added to Fees
		U000000134693 04/28/04-80030-007 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GORE, MILDRED EVELYN 238 NO MASSACHUSETTS AVE LAKELAND, FL 33801	<b>DO NOT WRITE IN THIS SPACE</b>
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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)(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: <i>M E Gore</i> M E Gore		<i>4/26/04</i> 863-686-5101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #