


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F00000003789</b> 1. Entity Name DOLEAC ELECTRIC COMPANY, INC.	
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Principal Place of Business 1120 FINLO DR HATTIESBURG, MS 39403	Mailing Address PO BOX 1936 HATTIESBURG, MS 39403
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  SHAW, JANE 529 WINDROSE CIRCLE PENSACOLA, FL 32507	<b>DO NOT WRITE IN THIS SPACE</b>
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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 reappointing) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOLEAC, DONALD L 207 TIDEWATER ROAD HATTIESBURG, MS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOLEAC, JOHN L 472 SANDY RUN ROAD HATTIESBURG, MS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NETTLES, TARA S 616 WOODLAND HILLS DR. HATTIESBURG, MS
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**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)(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 officer, trustee or receiver empowered.

**SIGNATURE:**  **President** **8/30/04** **(601) 544-2052**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**Donald L. Doleac**