2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 16, 2004 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State			
DOCU	MENT # F01000002			Secre	lary of	State	
	ELECTRIC CO., INC.						
Principal Plac	ce of Business	Mailing Address	-				
		1615 STATE STREET	15 STATE STREET EFFIELD, AL 35660				
SHEFFIELD, AL 35660 SHEFFI		SHEFFIELD, AL 33000			22 MURDS 27012 MURS MURS MURS WAR	: ##\$\$\$ ##\$\$ # 11 # \$\$ 11#	13 William W 1224 w 15 1 2 w 1
			07012004	No Chg-P	CR2E034 (1	18/03)	
	O NOT WRITE	CE	4. FEI Numb		-,	Applied For	
				63-064		40.	Not Applicable
				5. Certificate	of Status Desired		75 Additional Required
	6. Name and Address of Current R	1	-		- -	1 4	
	PORATION SYSTEM		DO	NOT W	RITE		
1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			IN THIS SPACE				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTS: Registered Agent signature required when rehostating) DATE							
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 9. Election Campaign Fina Trust Fund Contribution.				.00 May Be led to Fees in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10.	OFFICERS AND D	RECTORS	1	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
TITLE NAME	P CROW, CHARLES	· · · · · · · · · · · · · · · · · · ·					
STREET ADDRESS	105 RIVER PARK ROAD				<u>, Ugogo</u>	10166650	15 150.00
CITY-ST-ZIP	FLORENCE, AL 36530		-{		00716704	-80005-0	15 150.00
NAME	HARRISON, EARL JR.		1			•	
STREET ADDRESS CITY-ST-ZIP	251 LONGSHORE DRIVE FLORENCE, AL 35633						
TITLE			1		4 1		
NAME STREET ADDRESS					T 144		
CITY - ST - ZIP		- , -			MOI W		
TITLE NAME				IN	THIS SF	ACE	
STREET ADDRESS							
CITY-ST-ZIP			1				
NAME							
STREET ADDRESS CITY-ST-ZIP							
TALE		s pot a superior	1				
NAME STREET ADDRESS							

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statities, 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 cath, 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:

CITY-ST-ZIP

ON CHAMES CHO)

7/1/04 296-38/-4062 Date Dayting Phone #