

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F47350

FILED  
Jan 30, 2004  
Secretary of State

Entity Name: PRO ELECTRIC OF GAINESVILLE, INC.

## Current Principal Place of Business:

C/O JACKIE OLIVER  
13377 SOUTHERN PRECAST DR.  
ALACHUA, FL 32615 US

## New Principal Place of Business:

## Current Mailing Address:

C/O JACKIE OLIVER  
13377 SOUTHERN PRECAST DR.  
ALACHUA, FL 32615 US

## New Mailing Address:

FEI Number: 59-2122471

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OLIVER, JACKIE H  
13377 SOUTHERN PRECAST DR.  
ALACHUA, FL 32615 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: OLIVER, JACK  
Address: 13377 SOUTHERN PRECAST DR.  
City-St-Zip: ALACHUA, FL 32615 US

Title: ST ( ) Delete  
Name: OLIVER, DIANE  
Address: 13377 SOUTHERN PRECAST DR.  
City-St-Zip: ALACHUA, FL 32615

Title: V ( ) Delete  
Name: OLIVER, MICHAEL  
Address: 13377 SOUTHERN PRECAST DR.  
City-St-Zip: ALACHUA, FL 32615 US

Title: ST ( ) Delete  
Name: CRISALLI, MICHELLE  
Address: 13377 SOUTHERN PRECAST DR.  
City-St-Zip: ALACHUA, FL 32615 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST (X) Change ( ) Addition  
Name: OLIVER, DIANNE  
Address: 13377 SOUTHERN PRECAST DR.  
City-St-Zip: ALACHUA, FL 32615

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MICHELLE CRISALLI

ST

01/30/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date