

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F51459

1. Entity Name
ALADDIN WARD ELECTRIC & AIR, INC.



Principal Place of Business
**7011 15TH ST E
SARASOTA, FL 34243**

Mailing Address
**7011 15TH ST E
SARASOTA, FL 34243**

FILED
04 JAN -9 PM 1:02

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2137098	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HICKS, DAVID H
530 HABITAT BLVD
OSPREY, FL 34229**

**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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BENNETT, MICHAEL S
STREET ADDRESS	7056 HAWKS HARBOR CIRCLE
CITY-ST-ZIP	BRADENTON, FL 34207

TITLE	V
NAME	BROWN, STEVEN C.
STREET ADDRESS	13634 7TH AVE CIR NE
CITY-ST-ZIP	BRADENTON, FL 34212

TITLE	P
NAME	HICKS, DAVID
STREET ADDRESS	530 HABITAT BLVD
CITY-ST-ZIP	OSPREY, FL 34229

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

200026599182
01/09/04--01035--018 **150.00

**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:

David Hicks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Hicks

1/7/04
Date

941-756-5547
Daytime Phone #