## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # F94000004212 1. Entity Name HARPER ELECTRIC CONSTRUCTION INCORPORATED

THE THE PARTY OF THE PROPERTY OF THE PARTY O

Principal Place of Business

Mailing Address

P.O. BOX 698 ANDALUSIA, AL 36420 P.O. BOX 698 ANDALUSIA, AL 36420

**FILED** Jul 20, 2004 08:00 AM Secretary of State



## DO NOT WRITE IN THIS SPACE

07152004 No Chg-P CR2E034 (10/03)

Applied For

4. FEI Number 63-0779394

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  $\Box$ Fee Required

6. Name and Address of Current Registered Agent

WHITFIELD, CLARENCE 623 FORTE ST.

## DO NOT WRITE

| 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 withe obligations of registered agent.   | th, and accept                        |
|--|---------------------------------------|
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) — DATE   |                                       |
| FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(to Contribution. Added to Fees corporation did not receive the price corporation and the contribution. | ), F.S., the<br>or notice.            |
| 16. OFFICERS AND DIRECTORS  TITLE P NAME HARPER, RICHARD C STREET ADDRESS RT 7 BOX 266 CITY-ST-ZIP ANDALUSIA, AL 36420   | · · · · · · · · · · · · · · · · · · · |
| TITLE T  NAME HARPER, RICHARD M  STREET ADDRESS  CITY-51-ZIP ANDALUSIA, AL 36420  T  U00000157455  07/20/04-80005-013 1  | 50.00                                 |
| TITLE V NAME HARPER, JOHNNY F STREET ADDRESS P.O. BOX 1673 (MOORE RD) CITY-ST-ZIP ANDALUSIA, AL 36420  DO NOT WRITE  |                                       |
| TITLE S IN THIS SPACE  NAME MAUGHON, CHARLOTTE H  STRIET ADDRESS 113 FUQUA CT.  CITY-ST-ZIP ANDALUSIA, AL 36420  |                                       |
| TITLE NAME STRIET ADDRESS CITY-ST-ZIP  | ** .                                  |
| NAME STREET ADDRESS CITY-ST-ZIP  T.2. ( horsely craftly that the information expelled with this Filler date not expelled for the promotion black in Francisco.   |                                       |

I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(1). Florida Statutes. Flurther 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.

CHARLOTTE MAUGHON, SECRETARY

GNATURE:

IIII V 16 2004 334 222 7022

SIGNATURE:

MALL OF MOST

JULY 16, 2004

Daytime Phone #