


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90072 009 \*\*\*150.00

<b>DOCUMENT # G72788</b>			
1. Entity Name <b>LERSCH ELECTRIC CO.</b>			
Principal Place of Business % JERRY F. LERSCH 800-26TH AVE., N. ST. PETERSBURG FL 33704		Mailing Address % JERRY F. LERSCH 800-26TH AVE., N. ST. PETERSBURG FL 33704	
2. Principal Place of Business <i>3875-18 AVE. No.</i>		3. Mailing Address <i>3875-18 AVE. No.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>ST. PETERSBURG, FL</i>		City & State <i>ST. PETERSBURG, FLA</i>	
4. FEI Number <b>59-2369453</b>		Applied For Not Applicable	
Zip <i>33718</i>	Country <i>USA.</i>	Zip <i>33713</i>	Country <i>USA</i>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>LERSCH, JERRY F.</b> 800 26 AVE N ST. PETERSBURG FL 33704		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LERSCH, JERRY F.</b> 800 26 AVE N ST. PETERSBURG FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>SAME</b> <b>SAME</b> <b>3875-18 AVE. No.</b> <b>ST. PETERSBURG, FLA. 33713</b>
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>LERSCH, TERRI L.</b> 800 26 AVE N ST. PETERSBURG FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>SAME</b> <b>SAME</b> <b>3875-18 AVE. No.</b> <b>ST. PETERSBURG, FLA. 33713</b>
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *TERRI LERSCH* **TERRI LERSCH, INC. Pres.** *1-27-04* *727-822-9240*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #