


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # H75211		
1. Entity Name HALDANE ELECTRIC, INC.		
Principal Place of Business 2130 SW HAYWORTH AVE PORT ST. LUCIE, FL 34953 US		Mailing Address 2133 SE BRYSON AV PORT ST. LUCIE, FL 34952

DO NOT WRITE IN THIS SPACE



01292004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2647935	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HALDANE, THOMAS W. 2133 S.E. BRYSON AVENUE PORT ST. LUCIE, FL 34952
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**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 _____ (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

U00000050137
02/13/04-80051-021 8.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT HALDANE, THOMAS W. 2133 SE BRYSON AVE PORT ST. LUCIE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS HALDANE, SHAROLYN A. 2133 SE BRYSON AVE PORT ST. LUCIE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000050137
02/13/04-80051-022 150.00

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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)(f), 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:  **2/9/04** **772-336-2233**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #