## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 22, 2004 08:00 AM Secretary of State

ANNUAL REPORT					Mar 22, 2004 00:00		
DOCU	MENT # K22300	•			Secr	etary of State	
	ELECTRICAL MAINTENANCE,	INC.					
2725 4TH P	<b>1</b> L	Aailing Address P.O. BOX 2501 VERO BEACH, FL 32961-2501	ı us				
Ε	OO NOT WRITE I	CE	02192004 No Chg-P CR2E034 (10/03)  4. FEI Number				
	6. Name and Address of Current Regi	stered Agent					
FLOOD, D 2725 4TH VERO BÉ				NOT WA			
	named entity submits this statement for the tions of registered agent.	purpose of changing its registere	ed office or registe	red agent, or bo	th, in the State of Florida	a. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title	il applicable. (NOTE, Registered	d Agent signature require	d when reinstating)		DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.				.00 May Be led to Fees			
10.	OFFICERS AND DIRE	CTORS	I		<u> </u>		
TITLE RAME STREET ADDRESS CITY-ST-ZIP	P FLOOD, DONALD 2725 4TH PL VERO BEACH, FL 32968		-	•	U00000 03/22/04-	093907 80038-005 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FLOOD, CYNTHIA 2725 4TH PLACE VERO BEACH, FL 32968						
TITLE HAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WR	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ì			IN T	THIS SPA	ACE	
TITLE HAME STREET ADDRESS CITY-ST-ZIP							

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 two and acceptate 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 of 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 life empowered.

SIGNATURE/

NAME STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OF PRACTED HAVE OF SIGHING OFFICER OF DIRECTOR

3/17/04

772778238