

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K50865

FILED
Jan 22, 2004
Secretary of State

Entity Name: CHESLOSKY ELECTRIC, INC.

Current Principal Place of Business:

1340 BETMAR BLVD.
NORTH FT. MYERS, FL 33903 US

New Principal Place of Business:

Current Mailing Address:

1340 BETMAR BLVD.
NORTH FT. MYERS, FL 33903 US

New Mailing Address:

FEI Number: 65-0086028

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHESLOSKY, JAMES M.
409 E NORTH SHORE DR
NORTH FORT MYERS, FL 33917

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CHESLOSKY, JAMES M.,
Address: 409 E NORTH SHORE DR
City-St-Zip: NORTH FT. MYERS, FL

Title: ST () Delete
Name: CHESLOSKY, CYNTHIA J.,
Address: 409 E NORTH SHORE DR
City-St-Zip: NORTH FT. MYERS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA J. CHESLOSKY

S/T

01/22/2004

Electronic Signature of Signing Officer or Director

Date