

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AK)

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90290 003 \*\*\*\*55.00

<b>DOCUMENT # L03000054240</b> 1. Entity Name <b>ALL-ELECTRIC COMPANY LLC</b>					
Principal Place of Business <b>221 TOM BROWN STREET NICEVILLE FL 32578 US</b>			Mailing Address <b>P.O. BOX 1076 NICEVILLE FL 32588 US</b>		
2. Principal Place of Business <b># 6 EULA DR</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 1076</b> Suite, Apt. #, etc.			
City & State <b>Niceville FL</b>		City & State <b>Niceville, FL</b>			
Zip <b>32578</b>	Country <b>USA</b>	Zip <b>32588</b>	Country <b>USA</b>	4. <input type="checkbox"/> MOORE <input checked="" type="checkbox"/> CR2E083 (11/03) <b>FEI</b> <b>20-0888309</b> <b>20-0888309</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>FANELLA, NICHOLAS R 434 TANGLEWOOD DRIVE FORT WALTON BEACH FL 32547</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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) Signature, typed or printed name of registered agent and title if applicable. DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REGAN, JOHNNY R 221 TOM BROWN STREET NICEVILLE FL 32548	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>Johnny R. Regan</u> <span style="float: right;"><b>3-03-04</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					