2004 FOR PROFIT CORPORATION

May 07, 2004 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # L08202** 1. Entity Name SAUNCO ELECTRIC CORP. Principal Place of Business Mailing Address 7664 W COPENHAGEN ST 7664 W COPENHAGEN ST DUNNELLON, FL 34433 DUNNELLON, FL 34433 05032004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0123432 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent SAUNDERS, BARRY J DO NOT WRITE 1664 W COPENHAGEN STREET **DUNNELLON, FL 34433** 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. Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) DATE \$5.00 May Be Added to Fees FILE NOWILL FRE IS \$550.00 9. Election Campaign Financing Trust Fund Contribution. Due by September 8, 2004 U00000158138 OFFICERS AND DIRECTORS 10. 05/07/04-80009-014 150.00 TITLE NAME SAUNDERS, BARRY JOHN STREET ADDRESS 7664 W COPENHAGEN ST CITY ST-ZIP DUNNELLON, FL 34433 TITLE NAME STREET ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP DILE IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS

12. Thereby 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 suppliemental 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 attendment with an address, with all other like empowered.

SIGNATURE: PILLULA AND TITLED OF HOTHER OF SIGNING OFFICER ON DIRECTOR

CITY ST-ZIP

TITLE

NAME

SYREET ADDRESS

CITY-ST-ZIP

5304

Daytime Phone #

FILED