


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

**DOCUMENT # L96667**  
 1. Entity Name  
**ENGLEWOOD ELECTRIC, INC.**



Principal Place of Business  
**180 W. LANGSNER ST.  
 ENGLEWOOD, FL 34223**

Mailing Address  
**180 W. LANGSNER ST.  
 ENGLEWOOD, FL 34223**

**DO NOT WRITE IN THIS SPACE**



03102004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2061489**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**DICKINSON, ROBERT A.  
 460 S. INDIANA AVENUE  
 ENGLEWOOD, FL 34223**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS YAGER, DONALD G. 180 W. LANGSNER ST. ENGLEWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YAGER, RANDAL G 210 BOUNDRY LN ROTONDA WEST, FL 33947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YAGER, WILLIAM A 65 BROADMOOR LN ROTONDA WEST, FL 33947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YAGER, DENNIS G 251 DEARBORN ST E ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000033642  
 03/22/04-80026-007 150.00

**DO NOT WRITE 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)(i), 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: DONALD YAGER** *Donald Yager* **3/19/04** **941-475-9599**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #