

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90022 004 ***150.00

DOCUMENT # P00000049385

1. Entity Name

L & T ELECTRIC CORPORATION



Principal Place of Business

4933 BLUE HERON DR
NEW PORT RICHEY FL 34652

Mailing Address

4933 BLUE HERON DR
NEW PORT RICHEY FL 34652

2. Principal Place of Business

5016 ENSIGN LOOP

Suite, Apt. #, etc.

3. Mailing Address

5016 ENSIGN LOOP

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

NEWPORT RICHEY, FL

City & State

NEWPORT RICHEY, FL

4. FEI Number

59-3657325

Applied For

Not Applicable

Zip

34652

Country

PASCO

Zip

34652

Country

PASCO

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, LYLE
4933 BLUE HERON DR
NEW PORT RICHEY FL 34652

7. Name and Address of New Registered Agent

Name

LYLE SMITH

Street Address (P.O. Box Number is Not Acceptable)

5016 ENSIGN LOOP

City

NEWPORT RICHEY

FL

Zip Code

34652

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME SMITH, LYLE
STREET ADDRESS 4933 BLUE HERON DR
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE STD ☐ Delete
NAME SMITH, TODD L
STREET ADDRESS 6720 MEDIAR DR.
CITY-ST-ZIP NEW PORT RICHEY FL 34643

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 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: *Lyle Smith* LYLE SMITH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-04

Date

7272437274

Daytime Phone #