


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90010 014 ***150.00

DOCUMENT # P00000101332 1. Entity Name DILLON ELECTRIC, INC.					
Principal Place of Business 355 FRANKLIN STREET EASTPOINT, FL 32328			Mailing Address POST OFFICE BOX 151 EASTPOINT, FL 32328		
2. Principal Place of Business 355 Old Ferrydock Rd.		3. Mailing Address Suite, Apt. #, etc.			
City & State EASTPOINT, FL		City & State			
Zip 32328		Country U.S.A.		4. FEI Number 59-3695873	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DILLON, DANIEL A SR. 355 FRANKLIN STREET EASTPOINT, FL 32328			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 355 Old Ferrydock Rd. City EASTPOINT FL Zip Code 32328		
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) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DILLON, DANIEL A SR. POST OFFICE BOX 151 EASTPOINT, FL 32328		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DILLON, ROBERT J P.O. BOX 151 EASTPOINT, FL 32328		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DILLON, ZACHARY L. P.O. BOX 151 EASTPOINT, FL 32328		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DILLON, ZACHARY L. misspelled NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DILLON, ZACHARY L.		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DILLON, ZACHARY L.		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DILLON, ZACHARY L.		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Daniel A. Dillon</i>			3-8-04 8506704223		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		