## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address, with all other like empowered.

GNATURE AND PRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Mar 17, 2004 8:00 am Secretary of State DOCUMENT # P00000114941 1. Entity Name 03-17-2004 90028 031 \*\*\*158.75 SOUTHPORT ELECTRIC INC. Principal Place of Business Mailing Address 13 COMMADORE PLACE PALM BEACH GARDENS FL 33418 13 COMMADORE PLACE 24024220 PALM BEACH GARDENS FL 33418 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 65-1062891 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ..Name. BALL, RANDY C Street Address (P.O. Box Number is Not Acceptable) 13 COMMADORE PLACE PALM BEACH GARDENS FL 33418 Zip Code 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Addition BALL, RANDY 13 Commadors PIACE BALL, RANDY NAME NAME STREET ADDRESS 1200 TOWN CENTER DR STE 320 STREET ADDRESS PAIM BRACH GAIDENS, FL. 33418 CITY-ST-ZIP JUPITER FL 33458 CITY-ST-ZIP VPS TITLE ☐ Delete TITLE FORTMRYER, RON M. 13 COMMADORE PLACE NAME FOERTMEYER, RON M NAME 1200 TOWN CENTER DR STE 320 STREET ADDRESS STREET ADDRESS JUPITER FL 33458 PAlm Bunch Gordens CITY-ST-ZIP CITY-ST-ZIP TITLE Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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

**FILED**