## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P00000116714 FILED** Feb 11, 2004 08:00 AM Secretary of State 1. Entity Name CFS ELECTRICAL SALES, INC. Mailing Address Principal Place of Business 19 SUNRISE TRAIL 19 SUNRISE TRAIL FRUITLAND PARK, FL 34731 FRUITLAND PARK, FL 34731 02082004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-3690977 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MITCHUM, MARION DO NOT WRITE 19 SUNRISE TRAIL FRUITLAND PARK, FL 34731 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing U00000046283 Trust Fund Contribution. Added to Fees 02/11/04-80096-013 150.00 OFFICERS AND DIRECTORS 10. TITLE MITCHUM, MARION NAME STREET ADDRESS 19 SUNRISE TRAIL CITY-ST-ZIP FRUITLAND PARK, FL 34731 TITLE NAME STREET ADDRESS CITY-ST-ZIP TIRE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TIRE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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:

STATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-08-2004

728-5601

Day