


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90392 021 \*\*\*150.00

<b>DOCUMENT # P01000003384</b>		
1. Entity Name <b>DEL ELECTRIC, INC.</b>		

Principal Place of Business <b>1809 N CENTRAL AVE FLAGLER BEACH FL 32136</b>	Mailing Address <b>PO BOX 1009 BUNNELL FL 32110</b>
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2. Principal Place of Business <b>500 E COURT 3T</b>	3. Mailing Address <b>P.O. BOX 1009</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>BUNNELL, FL.</b>	City & State <b>BUNNELL, FL.</b>
Zip <b>32110</b>	Country <b>FLAGLER</b>
Zip <b>32110</b>	Country <b>FLAGLER</b>



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent <b>LYDEN, PETER 1809 N CENTRAL AVE FLAGLER BEACH FL 32136</b>	
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4. FEI Number <b>59-3690851</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

7. Name and Address of New Registered Agent Name <b>1944 S. DAYTONA AVE</b> Street Address (P.O. Box Number is Not Acceptable) City <b>FLAGLER BEACH FL</b> Zip Code <b>32136</b>	
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LYDEN, PETER J 1809 N CENTRAL AVE FLAGLER BEACH FL 32136 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LYDEN, PETER J. 1944 S. DAYTONA AVE FLAGLER BEACH, FL. 32136 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIS, CHARLES 1809 N CENTRAL AVE FLAGLER BEACH FL 32136 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHARLES DAVIS 38 RIPPLING BROOK PALM COAST, FL. 32164 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:  **3-31-04 386-437-3323**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #