2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000059464

Entity Name: MEDLIN ELECTRIC, INC.

FILED Apr 21, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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110 COCOPLUM CIR
ROYAL PALM BCH, FL 33411

356 SW NORTH QUICK CIRCLE
PORT ST. LUCIE, FL 34953

Current Mailing Address: New Mailing Address:

110 COCOPLUM CIR
ROYAL PALM BCH, FL 33411

356 SW NORTH QUICK CIRCLE
PORT ST. LUCIE, FL 34953

FEI Number: 65-1113354 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MEDLIN, WILLIAM H
110 COCOPLUM CIR
ROYAL PALM BCH, FL 33411

MEDLIN, WILLIAM H
356 SW NORTH QUICK CIRCLE
PORT ST. LUCIE, FL 34953

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.

SIGNATURE: 04/21/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition Name: MEDLIN, WILLIAM H Name: MEDLIN, WILLIAM H

Address: 110 COCOPLUM CIR Address: 356 SW NORTH QUICK CIRCLE
City-St-Zip: ROYAL PALM BCH, FL 33411 City-St-Zip: PORT ST. LUCIE, FL 34953

Title: DV () Delete Title: DV (X) Change () Addition Name: MEDLIN. MICHAEL D Name: MEDLIN. MICHAEL D

Address: 7912 BLACKWOOD LN Address: 356 SW NORTH QUICK CIRCLE
City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: PORT ST. LUCIE, FL 34953

Title: DS () Delete Title: () Change () Addition Name: MILLER, JUDITH B Name:

 Name:
 MILLER, JUDITH B
 Name:

 Address:
 314 N. LAKE DR.
 Address:

 City-St-Zip:
 LANTANA, FL 33462
 City-St-Zip:

Title: DT () Delete Title: (X) Change () Addition MEDLIN, TERRY A MEDLIN, TERRY A Name: Name: Address: 110 COCOPLUM CIR Address: 356 SW NORTH QUICK CIRCLE City-St-Zip: ROYAL PALM BCH, FL 33411 City-St-Zip: PORT ST. LUCIE, FL 34953

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM H. MEDLIN DP 04/21/2004