


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90039 010 ***158.75

DOCUMENT # P01000109189 1. Entity Name ELECTRA, INC.			
Principal Place of Business 2104 NW 22 AVE #118 STUART, FL 34994		Mailing Address 2104 NW 22 AVE #118 STUART, FL 34994	
2. Principal Place of Business 51 Westview Lane Suite, Apt. #, etc.		3. Mailing Address 51 Westview Lane Suite, Apt. #, etc.	
City & State Cocoa Beach, FL Zip 32931 Country Brevard		City & State Cocoa Beach, FL Zip 32931 Country Brevard	
4. FEI Number 65-1156954		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		01312004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent HALL, LAUREN 2104 NW 22 AVE, #118 STUART, FL 34994		7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) 51 Westview Lane City Cocoa Beach FL Zip 32931	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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 P HALL, LAUREN <input type="checkbox"/> Delete STREET ADDRESS 2104 NW 22 AVE, #118 CITY-ST-ZIP STUART, FL 34994	TITLE & NAME 51 Westview Lane <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS Cocoa Beach FL CITY-ST-ZIP 32931	TITLE & NAME STREET ADDRESS CITY-ST-ZIP	
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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: Lauren A. Hall Lauren A. Hall <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 1-31-04 Daytime Phone # 321-799-3724	