

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 29, 2004 08:00 AM
Secretary of State**

DOCUMENT # P02000042860

1. Entity Name
GUFFEY ELECTRIC, INC.



Principal Place of Business
**214 EAST OSCEOLA STREET
WEWAHITCHKA, FL 32465**

Mailing Address
**P.O. BOX 572
WEWAHITCHKA, FL 32465**



04192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0402845

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GUFFEY, ARLAN M
3765 HIGHWAY 71 SOUTH
WEWAHITCHKA, FL 32465**

**DO NOT WRITE
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 *Arilan M. Guffey*
Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4/27/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **GUFFEY, JAMES A**
STREET ADDRESS **214 E OSCEOLA ST**
CITY-ST-ZIP **WEWAHITCHKA, FL 32465**

TITLE **V**
NAME **DRIGGERS, CLYDE S**
STREET ADDRESS **7035 GANLEY RD**
CITY-ST-ZIP **WEWAHITCHKA, FL 32465**

TITLE **S**
NAME **COMBS, RYAN S**
STREET ADDRESS **4198 HWY 71 S**
CITY-ST-ZIP **WEWAHITCHKA, FL 32465**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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000000139000
04/29/04-80102-025 158.75

**DO NOT WRITE
IN THIS SPACE**

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # (850) 639-6939