

2004
~~2003~~ FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90044 020 ***150.00

019848 AV

DOCUMENT #	P02000055849
1. Entity Name	EARL THOMAS ELECTRIC INC.



Principal Place of Business	Mailing Address
3411 KEOTA DR. ORLANDO FL 32839	3411 KEOTA DR. ORLANDO FL 32839

2. Principal Place of Business	3. Mailing Address
3411 Keota Dr	3411 Keota Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Orlando Fla	Orlando Fla
Zip	Zip
32839	32839
Country	Country
Orange	Orange

4. FEI Number	810551866	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
THOMAS, EARL W 3411 KEOTA DR. ORLANDO FL 32839

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL
Zip Code

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 <u>Earl W. Thomas</u>	DATE <u>4/14/04</u>

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	THOMAS, EARL W
STREET ADDRESS	3411 KEOTA DR.
CITY-ST-ZIP	ORLANDO FL 32839
TITLE	V
NAME	PALMER, JACK
STREET ADDRESS	3952 SAM KEEN RD.
CITY-ST-ZIP	LAKE WALES FL 33898
TITLE	S
NAME	RENY, BRIAN P
STREET ADDRESS	577 MAINLINE BLVD
CITY-ST-ZIP	APOPKA FL 32712
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: <u>Earl W. Thomas</u>	DATE: <u>4/14/04</u>
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CR2E034 (10/02)