2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000005753

1. Entity Name

REGENCY ELECTRIC COMPANY, INC.						03-26-2004 90024 013 ***158.75			.75
Principal Place of Business 4348 SOUTHPOINT BLVD. SUITE 400 JACKSONVILLE FL 32216 US			Mailing Address 4348 SOUTHPOINT BLVD. SUITE 400 JACKSONVILLE FL 32216 US			1 16554651 (1) 80108 (1) 1 8010	11 111 11 111 11 111 11 11	O: FIIII !	IIITATA AL P ec a
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			MOORE CR2E034 (11/03)			
City & State			City & State			4. FEI Number 55-0814331 Applied For Not Applied For			pplied For ot Applicable
Zip	Zip Country		Zip	Country		5. Certificate of Status Desire	_/ ¢9 75 Audition		ditional
6. Name and Address of Current Registered Agent						7. Name and Address of Ne	w Registered	Agent	•
					Name				
434 SUI	TE 400	POINT BLVD.	St		Street Address	(P.O. Box Number is Not Accept	able)		
JAC	KSONVII	LE FL 32216			City		FI	Zip Cod	e
8. The above named entity submits this statement for the purpose of changing its registe									
the obligat	tions of regist	ered agent.	title pulpose of changing its	s registere	d once or registe	ered agent, or both, in the State of	я гюпца. тап	ı tarımar witti	, and accept
CICALATURE									
SIGNATURE	Signature, typed	or printed name of registered agent	and title if applicable. (NO	TE. Registered	I Agent signature require	ed when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State						9. Election Campaign	Einaneina	\$5.0	
make Checi	k Payable to					Trust Fund Contrib	•		00 May Be d to Fees
Make Checi	k Payable to		State	11.		Trust Fund Contrib	oution.	∐ Adde	d to Fees
	k Payable to	Florida Department of	State	11.			oution.	Adde	d to Fees
10.		OFFICERS AND	State DIRECTORS		1	Trust Fund Contrib	oution.	∐ Adde	d to Fees
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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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF

FILED

Mar 26, 2004 8:00 am Secretary of State