

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2004 8:00 am
Secretary of State

09-10-2004 90010 009 ***150.00

DOCUMENT # P03000012259



1. Entity Name
LIFE ELECTRIC CORPORATION

Principal Place of Business
**P.O. BOX 267
DELAND, FL 32721-0267**

Mailing Address
**P.O. BOX 267
DELAND, FL 32721-0267**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09082004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

02-0672648

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAHAFFEY, JAMES A
1425 WEST FOREST AVENUE
DELAND, FL 32720**

Address change

Name **Mahaffey, James A**

Street Address (P.O. Box Number is Not Acceptable)

210 West Magnolia Street

City

Apopka

FL

Zip Code

32703

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/T/S/C**
NAME **James A. B. Mahaffey, Jr.**
STREET ADDRESS **210 West Magnolia Street**
CITY-ST-ZIP **Apopka, FL 32703**

☐ Delete

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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:

James A. B. Mahaffey, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

James A. B. Mahaffey, Jr.

08 Sep 2004

Date

407-929-7693

Daytime Phone #