



DOCUMENT # P03000039675						Secretary of State			
1. Entity Name MAVERICK ELECTRIC INC.				05-03-2004 90424 026 ***150.00					
Principal Place of Business 2658 LAZY MEADOW LANE APOPKA, FL 32703				Mailing Address 2658 LAZY MEADOW LANE APOPKA, FL 32703					
2. Principal Place of Business		3. Mailing Address		04202004		Chg-P		CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 04-3751676		Applied For		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
Zip	Country	Zip	Country						
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
KOSTERS, JOSEPH H 2658 LAZY MEADOW LANE APOPKA, FL 32703				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				FL	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____									
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	P	<input type="checkbox"/> Delete			TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KOSTERS, JOSEPH H				NAME	KOSTERS, JOSEPH H			
STREET ADDRESS	2658 LAZY MEADOW LANE				STREET ADDRESS	2658 LAZY MEADOW LN			
CITY-ST-ZIP	APOPKA, FL 32703				CITY-ST-ZIP	APOPKA, FL 32703			
TITLE	VP	<input type="checkbox"/> Delete			TITLE	VP/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KOSTERS, DEBRA G				NAME	KOSTERS, DEBRA G			
STREET ADDRESS	2658 LAZY MEADOW LANE				STREET ADDRESS	2658 LAZY MEADOW LN			
CITY-ST-ZIP	APOPKA, FL 32703				CITY-ST-ZIP	APOPKA, FL 32703			
TITLE		<input type="checkbox"/> Delete			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					NAME				
STREET ADDRESS					STREET ADDRESS				
CITY-ST-ZIP					CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					NAME				
STREET ADDRESS					STREET ADDRESS				
CITY-ST-ZIP					CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					NAME				
STREET ADDRESS					STREET ADDRESS				
CITY-ST-ZIP					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: Debra G Koster					4-27-04 407-629-2555 x210				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					Date Daytime Phone #				