

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 FEB 12 AM 8:31



02072004 Chg-P CR2E034 (10/03) *MRS*

DOCUMENT # P03000089637

1. Entity Name  
CAMOUFLAGE ELECTRIC, INC.



Principal Place of Business  
P.O. BOX 788  
OCALA, FL 34478

Mailing Address  
P.O. BOX 788  
OCALA, FL 34478

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

57-1181826

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

EGAN, CHRIS S ESQ  
20761 CHESTNUT ST  
DUNNELLON, FL 34431

7. Name and Address of New Registered Agent

Name *Birth, Daniel W.*  
Street Address (P.O. Box Number is Not Acceptable)  
*3920 SW 6 Ave*  
City *Ocala* FL Zip Code *34474*

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

*Daniel W. Birth*

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

(NOTE: Registered Agent signature required when reinstating)

*2/6/04*

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EGAN, CHRIS S P.O. BOX 788 OCALA, FL 34478	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS Birth, Daniel W. 3920 SW 6 Ave Ocala FL 34474 US	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Birth, Julie A. 3920 SW 6 Ave Ocala FL 34474 US	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Birth, David A. 2042 SW Gailwood St Port St Lucie-FL-34987	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200029312672 02/24/04--01049--002 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 employees.

SIGNATURE:

*Daniel W. Birth*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/6/04*

DATE

*352 873-6222*

DAYTIME PHONE #