## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPURI								۴ìi	ĖO		
DOCUMENT # P03000089637  1. Entity Name CAMOUFLAGE ELECTRIC, INC.								Fil SECRETAR ALLAHASS 04 FEB 12			
Principal Plac	o of Business	Mailie	a Addrose	, <u></u>	L				nii U	JI	
Principal Place of Business Maifing Add			<del>-</del>								
P.O. BOX 788 P.O. BOX 78 OCALA, FL 34478 OCALA, FL 3			LA, FL 34478								
	Hace of Business		3. Mailing Address								
Suite, Apt. #, etc.  City & State			Suite, Apt. #, etc.  City & State			02072	2004 Number	Chg-P	CR2E00	94 (10/03)	blied For
			Zip Country			5		11812	99P	Not	Applicable
Zip	Country	210		Coun	шу	5. Cer	tificate of	Status Desired		<b>\$8.75</b> Addi Fee Required	
	6. Name and Address o	f Current Register	ed Agent	<b></b>		7. Nan	ne and A	ddress of New I	Registered A	gent	
						$\lambda i c \lambda^{\prime}$	7	Two	10 m	. \.	
EGAN, CHRIS S ESQ 20761 CHESTNUT ST					Sheet Ad	dress (P.O. Box	Number	is Not Acceptable	e)	<u></u>	<del></del>
	ON, FL 34431			06.PE	)	SU.	6 8	ve_			
					City	ocalo	α		FL	Zip Code	или
8. The above	named entry submits this st	atement for the pur	pose of changing its	register	ed office or i	$\overline{\mathcal{C}}$	- \	in the State of Fl	orida. Lam f	amiliar with, a	and accept
	tions of registered agent.	10							~/		. '
SIGNATURE.	Muil	1010	W .						2/	6/04	
SIGNATURE.	Signature, typed or printed name of rec	istered agent and title if ap	přícable. (NO	E: Registere	ed Agent signatur	e required when reinst	ating)		DATE.	<del></del>	
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	E NOW!!! FEE IS \$15 ay 1, 2004 Fee will b		9. Election Campa Trust Fund Con			\$5.00 May Added to Fee		• •	•		
10.	OFFIC	ERS AND DIRECTO	ORS	11.			TIONS/C	HANGES TO OF	TCERS AND	DIRECTORS	IN 11
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12. (10000)	certify that the information su	pplied with this filin	g does not qualify f	or the exe	emption state	ed in Section 119	9.07(3)(i)	, Florida Statutes	. I further cer	tify that the in	formation
of the co	certify that the information su d on this report or supplement irporation or the receiver at the tron on an attachment with an	ipplied with this filin ital report is true and ustee empowered to address, with all o	g does not qualify for decourate and that one execute this report the like empoyers.	or the exe my signa t as requ	emption state ature shall ha rired by Char	ed in Section 119 ave the same leg pter 607, Florida	9.07(3)(i) pal effect Statutes	, Florida Statutes as if made under ; and that my nar	. I further cer oath; that I a ne appears i	tify that the in am an officer n Block 10 or	or director Block 11 if
indicated of the concentration	certify that the information su d on this report or supplement reporation or the receiver of the troops an attachment with an	applied with this filin tal report is true and ustee empowered to address, with all o	g does not qualify for accurate and that to execute this report ther like empowers	or the exemple of the	emption state ature shall ha iired by Cha	ed in Section 119 ave the same leg pter 607, Florida	9.07(3)(i) pal effect Statutes	i, Florida Statutes as if made under and that my nar	I further cer cath, that I ane appears i	tify that the in am an officer n Block 10 or	nformation or director Block 11 if