2004 FOR PROFIT CORPORATION ANNUAL REPORT DOCI IMENT # DOSOOO94141

FILED Jul 09, 2004 8:00 am Secretary of State

1. Entity Name P & D ELECTRONICS, INC.					07-09-2004 90011 050 ***150.00			
Principal Plac 2808 TYSON TAMPA, FL	AVENUE	Mailing Address 2808 TYSON AVENUE TAMPA, FL 33611	<u>L</u>		• • • • • • • • • • • • • • • • • • •	iżńorene		
2. Principal P 1365 Suite, Apt.	lace of Business 54 N. 12 th St	3. Mailing Address 13654 N. Suite, Apt. #, etc.	124h St.					
حن	TE 7	SUITE 7		07012004	Chg-P	CR2E034 (10/03)		
City & Stat		City & State TAMPA	FL	4. FEI Numb	er 14-180	<i>1</i> C 447	plied For t Applicable	
3336	Country 13 U.S.A 6. Name and Address of Current F	Zip .33613	Country S A		e of Status Desired	\$8.75 Add Fee Required		
		egiateres Agent	Name	r. Maine air	Auguss of New He	gistereo Agent		
TAFT, JOHN E 2808 TYSON AVENUE TAMPA, FL 33611			Street Address (P.O. Box Number is Not Acceptable)					
,,'		•			\$			
i. 16	in the second se		City		***************************************	FL Zip Code	е	
8. The above the obligat	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent as		egistered office or regis Registered Agent signature requi	stered agent, or bo	oth, in the State of Flor	ida. I am familiar with,	and accept	
	LE NOW!!! FEE IS \$150.00 ue by September 8, 2004	9. Election Campaig Trust Fund Contril	T	5.00 May Be dded to Fees	In accordance w corporation did n	ith s. 607.193(2)(b), ot receive the prior n	F.S., the lotice.	
10.	OFFICERS AND D	DIRECTORS	11.	ADDITIONS	/CHANGES TO OFFIC	CERS AND DIRECTORS	S IN 11	
TITLE :	PD TAFT, JOHN E	Delete	TITLE NAME			Change	Addition	
STREET ADDRESS CITY-ST-ZIP	,		STREET ADDRESS CITY-ST-ZIP					
TITLE	SD	Delete	TITLE	~~ ~~~	······································	([]) Change		
NAME STREET ADDRESS CITY-ST-ZIP	MUNROE, JOHN R JR 1102 BRANDON LAKES AVENUE VALRICO, FL 33594		NAME STREET ADDRESS CITY-ST-ZIP			72	****	
TITLE NAME		Delete	TITLE NAME		••	Change	Addition	
STREET ADDRESS CITY-ST-ZIP	·	رائي المستريدة المشترية والمراد	STREET ADDRESS CITY-ST-ZIP	**	,			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	C. Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•••••		○ Change	Addition	
TITLE NAME STREET ADDRESS		::: Delete	TITLE NAME STREET ADDRESS			Change	Addition	
CITY-ST-ZIP	certify that the information supplied with	this filing does not qualify for t	CITY-ST-ZIP the exemption stated in	Section 119.07(3)	(i), Florida Statutes. I	further certify that the in	nformation	

indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as it 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: Sala RIMILLA	Dy JOHN R MUNRO	oedr 6-Jul	-04 813 = 977-8660
SIGNATURE AND TYPED OR PRINTED NAME OF \$	ISKING OFFICER OR DIRECTOR	Date	Daytime Phone #