2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004
Secretary of State

DOCUMENT# P03000101978

Entity Name: TRUE LOW VOLTAGE SPECIALISTS, INC.

Current Principal Place of Business:

635 WILMER AVE
ORLANDO, FL 32808

New Principal Place of Business:

635 WILMER AVE
ORLANDO, FL 32808 US

Current Mailing Address:

635 WILMER AVE
ORLANDO, FL 32808

New Mailing Address:

P. O. BOX 585858
ORLANDO, FL 328585858 US

FEI Number: 20-0245815 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRUE, LAURIE E
635 WILMER AVE
ORLANDO, FL 32808

Name and Address of New Registered Agent:

TRUE, LAURIE E
635 WILMER AVE
ORLANDO, FL 32808 US

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.

SIGNATURE: LAURIE E. TRUE 04/07/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: TRUE, LAURIE E
Address: 635 WILMER AVE
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: TRUE, LAURIE E
Address: 635 WILMER AVE
City-St-Zip: ORLANDO, FL 32808 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURIE E. TRUE P 04/07/2004
Electronic Signature of Signing Officer or Director Date