

2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/5/2004-90248-006-\$150.00-\$150.00

DOCUMENT # P03000155641 1. Entity Name COKER ELECTRIC, INC.						FILED 04 JUN 10 AM 11:25 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 5430 OLLIE ROBERTS RD FT GREEN, FL 33834				Mailing Address 5430 OLLIE ROBERTS RD FT GREEN, FL 33834			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 20-063110V				Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent COKER, HAROLD D 5430 OLLIE ROBERTS RD FT GREEN, FL 33834				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COKER, HAROLD D 5430 OLLIE ROBERTS RD FT GREEN, FL 33834			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COKER, CONNIE M 5430 OLLIE ROBERTS RD FT GREEN, FL 33834			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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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: <i>Harold D Coker</i>				6-1-04			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			