

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91223 028 ***158.75

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1. Entity Name
**ORLANDO ELECTRICAL LABOR-MANAGEMENT
COOPERATIVE COMMITTEE, INC.**



Principal Place of Business
**820 VIRGINIA DRIVE
ORLANDO, FL 32803**

Mailing Address
**820 VIRGINIA DRIVE
ORLANDO, FL 32803**

24066873



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3564699 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**COPPERSMITH, ROBERT
820 VIRGINIA DRIVE
ORLANDO, FL 32803**

**DO NOT WRITE
IN THIS SPACE**

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)

DATE _____

**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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SKIPPER, JANET 820 VIRGINIA DR ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S COPPERSMITH, ROBERT 820 VIRGINIA DR ORLANDO, FL 32803
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**DO NOT WRITE
IN THIS SPACE**

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:

Robert R. Coppersmith

4/28/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #