

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90168 045 ***150.00

DOCUMENT # P99000076724					
1. Entity Name PIONEER ELECTRIC, INC.					
Principal Place of Business 4401 N.W. 4TH COURT PLANTATION, FL 33317 US			Mailing Address 4401 N.W. 4TH COURT PLANTATION, FL 33317 US		
2. Principal Place of Business		3. Mailing Address 1900 NW 19 Lane			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Coral Springs, FL		4. FEI Number 65-0945702	
Zip		Country 33071		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent WILLIAMS, GLENFORD O 4401 N.W. 4TH COURT PLANTATION, FL 33317			7. Name and Address of New Registered Agent Name: GLENFORD O. WILLIAMS Street Address (P.O. Box Number is Not Acceptable): 1900 NW 19 Lane City: Coral Springs FL Zip Code: 33071		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME WILLIAMS, GLENFORD O STREET ADDRESS 4401 N.W. 4TH COURT CITY-ST-ZIP PLANTATION, FL 33317	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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>05/30/04</i> Date: _____ Daytime Phone #: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					