


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90012 041 ***150.00

DOCUMENT # 416927

1. Entity Name
ELECTRONIC SHEETMETAL CRAFTSMEN OF FLORIDA, INC.



Principal Place of Business
**3675 W. NEW HAVEN AVE.
 MELBOURNE, FL 32904-0597**

Mailing Address
**3675 W. NEW HAVEN AVE.
 MELBOURNE, FL 32904-0597**

54062909



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

07132004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
59-1440706

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

**MILLER, JULIUS
 3675 W. NEW HAVEN AVE.
 MELBOURNE, FL 32904**

7. Name and Address of New Registered Agent

Name
RICKY W. MILLER

Street Address (P.O. Box Number is Not Acceptable)
3675 WEST NEW HAVEN AVENUE

City
MELBOURNE

Zip Code
FL 32904

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 *Ricky W. Miller* DATE **7-14-04**

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
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$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

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MILLER, HELEN F 3530 CHARLTON PL MELBOURNE, FL 32934 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD MILLER, JULIUS 3675 W. NEW HAVEN AVE. MELBOURNE, FL 32904 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD MILLER, RICKY W 3700 BRENNAN DR MELBOURNE, FL 32934 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT - TREASURER SECRETARY - DIRECTOR RICKY W. MILLER 3675 WEST NEW HAVEN AVENUE MELBOURNE, FL 32904 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE PRESIDENT ANTHONY MAROSKA 3675 WEST NEW HAVEN AVENUE MELBOURNE, FL 32904 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 and all other like empowered.

SIGNATURE: *Ricky W. Miller* DATE: **7-14-04** DAYTIME PHONE #: **321-727-0633**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR