


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 08:00 AM
Secretary of State

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



02012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-1440706

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MILLER, RICKY W
 3675 W. NEW HAVEN AVE.
 MELBOURNE, FL 32904

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 _____ DATE _____
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTSD
NAME	MILLER, RICKY W
STREET ADDRESS	3675 WEST NEW HAVEN AVE
CITY-ST-ZIP	MELBOURNE, FL 32904
TITLE	V
NAME	MAROSKA, ANTHONY
STREET ADDRESS	3675 WEST NEW HAVEN AVE
CITY-ST-ZIP	MELBOURNE, FL 32904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000238786
 02/22/05-80016-001 150.00

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)(f), 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:  **RICKY W. MILLER** 2/17/05 321-727-0633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #