

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F92636

1. Entity Name

RAPCO AUTO ELECTRIC, INC.



Principal Place of Business

3025 SE DIXIE HWY
STUART FL 34997-5041

Mailing Address

3025 SE DIXIE HWY
STUART FL 34997-5041

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2206804

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ECKHARDT, TIMOTHY
8276 SE BOXWOOD LN
HOBE SOUND FL 33455

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)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VSD
NAME SCHMIDT, KAI
STREET ADDRESS 2292 SW RACQUET CLUB DR
CITY- ST- ZIP PALM CITY FL

TITLE PTD
NAME ECKHARDT, TIMOTHY
STREET ADDRESS 8276 SE BOXWOOD LANE
CITY- ST- ZIP HOBE SOUND FL

TITLE ST
NAME ECKHARDT, LOIS J
STREET ADDRESS 8276 SE BOXWOOD LN
CITY- ST- ZIP HOBE SOUND FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
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STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Feb 23, 2004 08:00 AM
Secretary of State



MOORE

CR2E034 (11/03)

U00000063074
02/23/04-80147-009 150.00

2/9/04 772-286-1855
Date Daytime Phone #