

ANNUAL REPORT

**DOCUMENT# K09017**  
 1. Entity Name  
 SUN KRAFT ELECTRICAL CONTRACTING, INC.



**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

Principal Place of Business: 644 CLEARLAKE ROAD, STE A, COCOA, FL 32922-6310 US  
 Mailing Address: 644 CLEARLAKE ROAD, STE A, COCOA, FL 32922-6310 US



01272004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: 59-2862438 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 ISAACS, JAMES  
 644 CLEARLAKE RD.  
 COCOA, FL 32922

**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: \_\_\_\_\_ (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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>ISAAC, JAMES<br>644 CLEARLAKE RD<br>COCOA, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VS<br>ISAAC, JUDY<br>644 CLEARLAKE RD<br>COCOA, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

UB0000026767  
 02/03/04-80020-016 150.00

**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 19.07(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:** *Judy Isaac*  
 JUDY ISAAC, VICE PRESIDENT

1-29-04 321-632-7169  
 Photo Teleline Phone #