

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000013814

FILED
Apr 19, 2004
Secretary of State

Entity Name: FALCON ELECTRIC COMMUNICATIONS, INC.

Current Principal Place of Business:

141 STEVENS AVE STE 3
OLDSMAR, FL 34677

New Principal Place of Business:

141 STEVENS AVE STE 5
OLDSMAR, FL 34677

Current Mailing Address:

141 STEVENS AVE STE 3
OLDSMAR, FL 34677

New Mailing Address:

141 STEVENS AVE STE 5
OLDSMAR, FL 34677

FEI Number: 59-3700129

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BISHOP, ROBERT C
3974 TAMPA ROAD
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: KOMAREK, ROBERT
Address: 141 STEVENS AVE STE 3
City-St-Zip: OLDSMAR, FL 34677

Title: P () Delete
Name: LEON, RALPH
Address: 115A 117TH AVE W
City-St-Zip: REDINGTON SHORES, FL 33708

Title: VP () Delete
Name: GARNER, STEPHANIE
Address: 3408 PAIR REID TRAIL
City-St-Zip: CLEARWATER, FL 33761

Title: S () Delete
Name: SWARTZ, MARIA
Address: 1390 BAY HARBOUR DR
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: KOMAREK, ROBERT
Address: 141 STEVENS AVE STE 5
City-St-Zip: OLDSMAR, FL 34677

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: LEPOCHAT, MARIA
Address: 1132 MARINE STREET
City-St-Zip: CLEARWATER, FL 33755

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA LEPOCHAT

S

04/19/2004

Electronic Signature of Signing Officer or Director

_____ Date