

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT# P97000020234	
1. EntityName NATIONALELECTRICALMANUFACTURERS REPRESENTATIVESASSOCIATION-FLORIDACHAPTER, INC.	

PrincipalPlaceofBusiness 8570NW68ST MIAMI,FL33166US	MailingAddress 8570NW68ST MIAMI,FL33166US
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DO NOT WRITE IN THIS SPACE



04232005 NoChg-P CR2E034(10/03)

4. FCINumber NOTAPPLICABLE	AppliedFor NotApplicable
5. CertificateofStatusDesired ☐	\$8.75 Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

EFNELSON
C/OACTIONELECTRICALSALLESINC
8570NW68ST
MIAMI,FL33166

**DO NOT WRITE
IN THIS SPACE**

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccept
theobligationsofregisteredagent.

SIGNATURE _____ (NOTE Registered Agents signature required when re-
Signature, typed or printed name of registered agent and title if applicable (reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. ElectionCampaignFinancing TrustFundContribution. ☐ \$5.00 MayBe AddedtoFees
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10. OFFICERSANDDIRECTORS

TITLE NAME STREETADDRESS CITY-ST-ZIP	T NELSON,EDWARD F 8570NW68ST MIAMI,FL33166
TITLE NAME STREETADDRESS CITY-ST-ZIP	ST WACKER,DON 512PUERTACT ALTAMONTESPRINGS,FL32701
TITLE NAME STREETADDRESS CITY-ST-ZIP	P MCCLARNON,TIMOTHY 8570NW68ST MIAMI,FL33166
TITLE NAME STREETADDRESS CITY-ST-ZIP	
TITLE NAME STREETADDRESS CITY-ST-ZIP	
TITLE NAME STREETADDRESS CITY-ST-ZIP	

U00000353304
05/03/05-80061-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. IherebycertifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionstatedinSection119.07(3)(1),FloridaStatutes.Ifurthercertifythattheinformation
indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;thatIama(n)officerordirector
ofthecorporationorthereceiverortrusteeempoweredtoexecute this report as required by Chapter 607, Florida Statutes; and
changed, or an attachment with an address, with all other like empowered.

SIGNATURE:  **Edward Nelson** 4-25-05 305 5927340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #