

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000020234

1. Entity Name
NATIONAL ELECTRICAL MANUFACTURERS
REPRESENTATIVES ASSOCIATION-FLORIDA CHAPTER,
INC.



Principal Place of Business

8570 NW 68 ST
MIAMI, FL 33166 US

Mailing Address

8570 NW 68 ST
MIAMI, FL 33166 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08052008

Chg-P

CR2E034 (12/06)

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

E F NELSON
C/O ACTION ELECTRICAL SALES INC
8570 NW 68 ST
MIAMI, FL 33166

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

T ☐ Delete
NAME NELSON, EDWARD F
STREET ADDRESS 8570 NW 68 ST
CITY-STATE-ZIP MIAMI, FL 33166

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

ST ☐ Delete
NAME WACKER, DON
STREET ADDRESS 512 PUERTA CT
CITY-STATE-ZIP ALTAMONTE SPRINGS, FL 32701

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

P ☐ Delete
NAME MCCLARNON, TIMOTHY
STREET ADDRESS 8570 NW 68 ST
CITY-STATE-ZIP MIAMI, FL 33166

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Delete
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CITY-STATE-ZIP

☐ Change ☐ Addition
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☐ Change ☐ Addition
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CITY-STATE-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

FILED
Aug 08, 2008 08:00 AM
Secretary of State



U00000957250
08/08/08-80005-008 150.00

7/14/08 305-592-7340