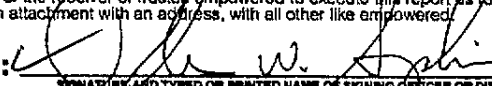


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # K46751 1. Entity Name A-TEAM ELECTRIC SUPPLY, INC.				
Principal Place of Business 2824 MICHIGAN AVE KISSIMMEE, FL 34744 US		Mailing Address 2824 MICHIGAN AVE KISSIMMEE, FL 34744 US		
DO NOT WRITE IN THIS SPACE				
				04272004 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-2919313		Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SIPKEMA, ROBERT W. 2824 MICHIGAN AVE KISSIMMEE, FL 34744		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: _____ Signature, typed or printed name of registered agent and the fee 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		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE		
TITLE	D			
NAME	SIPKEMA, ROBERT W.			
STREET ADDRESS	2824 MICHIGAN AVE			
CITY-ST-ZIP	KISSIMMEE, FL			
TITLE	D			
NAME	SIPKEMA, KATHLYN K.			
STREET ADDRESS	2824 MICHIGAN AVE			
CITY-ST-ZIP	KISSIMMEE, FL			
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
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: 		04/27/04 407-870-0076		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #		

Robert W. Sipkema-President