

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S19759

**Entity Name:** CHINCHOR ELECTRIC, INC.**Current Principal Place of Business:**1460 SOUTH LEAVITT AVENUE  
ORANGE CITY, FL 32763**Current Mailing Address:**1460 SOUTH LEAVITT AVENUE  
ORANGE CITY, FL 32763 US**FEI Number:** 59-3044703**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHINCHOR, TIMOTHY Z.  
119 TWISTED OAK TRAIL  
DELTONA, FL 32725 US*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

**Officer/Director Detail :**

Title VP  
Name SOLTIS, JEFF C  
Address 1579 DEERFIELD AVE  
City-State-Zip: DELTONA FL 32725

Title P  
Name CHINCHOR, TIMOTHY I  
Address 420 GREENRIDGE CT  
City-State-Zip: DEBARY FL 32713

Title D  
Name HASCO, DONALD J  
Address 2374 KENNINGTON COVE  
City-State-Zip: DELAND FL 32724

Title D  
Name FUDGE, BRETON R  
Address 2141 HONTOON ROAD  
City-State-Zip: DELAND FL 32720

Title S  
Name ANSELMO, MARIAH  
Address 2401 LAKE STREET  
City-State-Zip: DELTONA FL 32738

Title CEO  
Name CHINCHOR, TIMOTHY Z  
Address 119 TWISTED OAK TRAIL  
City-State-Zip: DELTONA FL 32725

Title C  
Name CHINCHOR, TIMOTHY Z  
Address 119 TWISTED OAK TRAIL  
City-State-Zip: DELTONA FL 32725

Title D  
Name CHINCHOR, DANIEL S.  
Address 322 W. FREESIA CT  
City-State-Zip: DELAND FL 32724

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** TIMOTHY I CHINCHOR**PRESIDENT****02/09/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	CFO
Name	SURMIAK, ZACHARY D
Address	5263 PINE LILY CIRCLE
City-State-Zip:	WINTER PARK FL 32792