

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90186 001 \*\*\*150.00  
02-11-2004 90186 002 \*\*\*\*\*8.75

**DOCUMENT # 224286**

1. Entity Name

FRANK-ELECTRIC CO. INC.



Principal Place of Business

PO BOX 961  
JENSEN BEACH FL 34957

Mailing Address

PO BOX 961  
JENSEN BEACH FL 34957

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number  
59-0882912

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KOEBE, BRUCE A.  
2477 NE DIXIE HWY  
JENSEN BEACH FL 34957

7. Name and Address of New Registered Agent

Name Joseph M Delaney  
Street Address (P.O. Box Number is Not Acceptable)  
8225 S. Indian River Drive  
Fort Pierce, FL 34982  
City Fort Pierce State FL Zip Code 34982

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DELANEY, JOSEPH M.	
STREET ADDRESS	1419 ELEANOR AVE	
CITY - ST - ZIP	JENSEN BEACH FL 34957	
TITLE	V	<input type="checkbox"/> Delete
NAME	DELANEY, JOHN A.	
STREET ADDRESS	P. O. BOX 84	
CITY - ST - ZIP	LEASBURG MO 65535	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	DELANEY, JOSEPH M., JR.	
STREET ADDRESS	14 N. CEDAR ST	
CITY - ST - ZIP	LEASBURG MO	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCORMACK, HETTIE	
STREET ADDRESS	8209 S INDIAN RIVER DR	
CITY - ST - ZIP	FT PIERCE FL 34982	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CCO

2-4-2004

Date

Daytime Phone #

772-466-0140