

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 453687**

1. Entity Name  
**ELECTRIC MAINTENANCE AND CONSTRUCTION, INC.**



Principal Place of Business  
**% EDWARD A. ROSEMAN  
4244 WEST WATERS AVENUE  
TAMPA, FL 33614**

Mailing Address  
**% EDWARD A. ROSEMAN  
4244 WEST WATERS AVENUE  
TAMPA, FL 33614**



04132004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-1559395**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**ROSEMAN, EDWARD A.  
4244 WEST WATERS AVENUE  
TAMPA, FL 33614**

**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 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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

U000000116231  
04/16/04-80056-003 635.00

**10. OFFICERS AND DIRECTORS**

TITLE	ST
NAME	ROSEMAN, EDWARD A
STREET ADDRESS	4244 W WATERS AVE
CITY-ST-ZIP	TAMPA, FL
TITLE	PV
NAME	ROSEMAN, EDWARD A
STREET ADDRESS	4244 W WATERS AVE
CITY-ST-ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

*President Edward Roseman* 4/12/04 813-886-3733