

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91068 031 \*\*\*150.00

**DOCUMENT # 454547**

1. Entity Name  
**ARROW ELECTRIC COMPANY**



Principal Place of Business  
**501 PALM STREET  
P.O. BOX 467  
WEST PALM BEACH, FL 33402**

Mailing Address  
**501 PALM STREET  
P.O. BOX 467  
WEST PALM BEACH, FL 33402**

**94082970**



04302004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1791056**

Applied For  
Not Applicable

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

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

**EASON, JAMES D.  
501 PALM STREET  
W. PALM BCH, FL 33401**

**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

*James D. Eason*

Signature, typed or printed name of registered agent and title if applicable

*N/A*

(NOTE: Registered Agent signature required when reinstating)

*4-30-04*

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**

TITLE	S
NAME	EASON, DALLAS JOY
STREET ADDRESS	5729 FERNLEY DR.
CITY-ST-ZIP	LAKE WORTH, FL
TITLE	P
NAME	EASON, JAMES D.
STREET ADDRESS	5729 FERNLEY DR.
CITY-ST-ZIP	LAKE WORTH, FL
TITLE	V
NAME	EASON, JAMES K.
STREET ADDRESS	6598 LAWRENCE WOOD CT.
CITY-ST-ZIP	LANTANA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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:**

*James D. Eason*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #