

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90169 031 ***150.00

DOCUMENT # 502421
 1. Entity Name
STAN DAEMER ELECTRICAL SERVICES, INC.



Principal Place of Business: **2225 W HOGAN HOLLOW RD, POMPANO BEACH, FL 33063**
 Mailing Address: **2225 W HOGAN HOLLOW RD, POMPANO BEACH, FL 33063**

54053120

2. Principal Place of Business: **10795 Eureka Street**
 Suite, Apt. #, etc.
 3. Mailing Address: **10795 Eureka Street**
 Suite, Apt. #, etc.



04302004 Chg-P CR2E034 (10/03)

City & State: **Boca Raton, FL**
 Zip: **33428** Country: **W Palm Bch**
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 Zip: **33428** Country: **W Palm Bch**

4. FEI Number: **59-1671839**
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
THOMANN, SUSAN
5303 DEER RUN DR
FORT PIERCE, FL 34951

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

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: _____ (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAEMER, STANLEY M 2225 W HOGAN HOLLOW RD MARGATE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10795 Eureka Street Boca Raton, FL 33428
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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: Stanley M Daemer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-04 (561) 482-3391
 Date Daytime Phone #