

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 05, 2005 08:00 AM
Secretary of State**

DOCUMENT # 534972

1. Entity Name
THECON ELECTRIC, INC.



Principal Place of Business
**19727 SW 84 PL.
MIAMI, FL 33189**

Mailing Address
**19727 SW 84 PL.
MIAMI, FL 33189**



06302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HOSTUTLER, THOMAS M
19727 SW 84 PL.
MIAMI, FL 33189**

**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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOSTUTLER, THOMAS M 19727 SW 84 PL. MIAMI, FL 33189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST HOSTUTLER, MARY ANN 19727 SW 84 PL. MIAMI, FL 33189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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07/05/05-80028-024 150.00

**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)(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

6/30/05

Date

205 233 6522

Daytime Phone #