

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 591060

1. Entity Name
CHAMBERS ELECTRIC, INC.



Principal Place of Business
**3996 OAKHURST BLVD
SARASOTA, FL 34233 US**

Mailing Address
**3996 OAKHURST BLVD
SARASOTA, FL 34233 US**



04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1852487

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CHAMBERS, DAVID S. JR.
3996 OAKHURST BLVD
SARASOTA, FL 34233**

**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**

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	CHAMBERS, DAVE
STREET ADDRESS	4351 IOLA DR
CITY-ST-ZIP	SARASOTA, FL
TITLE	PD
NAME	CHAMBERS, DAVID S JR
STREET ADDRESS	3996 OAKHURST BLVD
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	TD
NAME	CHAMBERS, SHARON
STREET ADDRESS	4351 IOLA DR
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	SD
NAME	CHAMBERS, JOAN
STREET ADDRESS	3996 OAKHURST BLVD
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/03/04-80192-004 150.00

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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: *Dave Chambers* **DAVE CHAMBERS** **VICE PRESIDENT**

4/29/2004 (941) 955-3012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #