

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90023 016 ***150.00

DOCUMENT # 596096

1. Entity Name

BOYS II SERVICE ELECTRIC, INC.



Principal Place of Business

**161 PARKHILL BLVD
W MELBOURNE FL 32904-5115**

Mailing Address

**161 PARKHILL BLVD
W MELBOURNE FL 32904-5115**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1875028

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KOSTRO, VICTOR S
1825 S RIVERVIEW DR
MELBOURNE FL 32901**

7. Name and Address of New Registered Agent

Name **A. VAN CATTERTON, JR.**

Street Address (P.O. Box Number is Not Acceptable)

1990 W. NEW HAVEN AVENUE, SUITE 104

City **MELBOURNE**

FL

Zip Code
32904

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]

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

(NOTE: Registered Agent signature required when reinstating)

1/30/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PST** ☐ Delete
NAME **ELY, SAMUEL H.**
STREET ADDRESS **161 PARKHILL BLVD.**
CITY-ST-ZIP **MELBOURNE FL**

TITLE **D** ☐ Delete
NAME **ELY, SAMUEL H.**
STREET ADDRESS **161 PARKHILL BLVD.**
CITY-ST-ZIP **MELBOURNE FL**

TITLE **V** ☐ Delete
NAME **ELY, SAMUEL H.**
STREET ADDRESS **161 PARKHILL BLVD**
CITY-ST-ZIP **W MELBOURNE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAMUEL H. ELY

1-27-04

Date

321-725-0887

Daytime Phone #