2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Aug 31, 2004 8:00 am Secretary of State **DOCUMENT # 689391** 1. Entity Name 08-31-2004 90004 022 \*\*\*150.00 ELECTRODEX, INC. Principal Place of Business Mailing Address 6209 17TH STREET, EAST 6209 17TH STREET, EAST 24082659 **BRADENTON FL 34203 BRADENTON FL 34203** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (4/04) MOORE City & State City & State 4. FEI Number Applied For 59-2054231 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GURITŽ, LINDA 8903 51ST AVE. W. Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34210** Zip Code FL 8. The above named entity submits this statement for the aurpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of regist SIGNATURE Signature, ty gistered Agent signature required when reinstating DATE FILE NOW!!! FEE \$ \$50.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 Election Campaign Financing \$5.00 May Be DUE BY September 8/2004 late fee. By checking this box, the corporation certifies i Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD ☐ Delete TITLE ☐ Change ☐ Addition GURITZ, MICHAEL L. NAME NAME STREET ADDRESS 8903 51ST AVE. W. STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 00000 CITY-ST-ZIP Delete TITI F VSD ☐ Change TITLE ☐ Addition NAME GURITZ, LUCILLE L. NAME STREET ADDRESS 570 EMERALD HARBOR DR STREET ADDRESS CITY-ST-ZIP LONGBOAT KEY, FL 00000 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GURITZ, LINDA F. NAME STREET ADDRESS STREET ADDRESS 8903 51ST AVE. W. CITY-ST-ZIP BRADENTON, FL 34210 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED

SIGNATURE:

SIGNATURE AND TYPE TO PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Desyltime Phone #

address, with all other like empowered

changed, or on an attachment with an