

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 14, 2004 08:00 AM
Secretary of State

DOCUMENT # 700681

1. Entity Name
FLORIDA GOLD COAST ELECTRICAL CONTRACTORS, INC.



Principal Place of Business

**2365 SW 34TH STREET
BAY # 3
FORT LAUDERDALE, FL 33312**

Mailing Address

**2365 SW 34TH STREET
BAY # 3
FORT LAUDERDALE, FL 33312 US**



01282004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-0872280

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BARROW, WILLIAM A.
2365 SW 34TH STREET
BAY 3
FORT LAUDERDALE, FL 33312**

**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

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

T
MILLS, DOUGLAS
810 S.W. 14TH ST.
POMPAÑO BEACH, FL 33060

D
SCHNEIDER, C H
5633 N.W. 8TH ST.
MARGATE, FL

P
BARROW, WILLIAM
7700 N.W. 8TH ST.
PEMBROKE PINES, FL

D
JOSEPH, JAMES
421 N.W. 34TH ST.
OAKLAND PARK, FL 33309

D
DURHAM, DEAN
4410 N.E. 6TH AVE.
OAKLAND PARK, FL 33334

V
BELYEU, DAN
4700 SW 64 AVENUE
DAVIE, FL

U00000051288
02/16/04-80045-018 61.25

**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)(f), 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 617, 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

Date

Daytime Phone #

4/28/04

954-316-5959