


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 700681</b>	
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
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01102005 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 <input type="checkbox"/>	\$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
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLS, DOUGLAS 810 S.W. 14TH ST. POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNEIDER, C H 5633 N.W. 8TH ST. MARGATE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARROW, WILLIAM 7700 N.W. 8TH ST. PEMBROKE PINES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH, JAMES 421 N.W. 34TH ST. OAKLAND PARK, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DURHAM, DEAN 4410 N.E. 6TH AVE. OAKLAND PARK, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BELYEU, DAN 4700 SW 64 AVENUE DAVIE, FL

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U00000259420  
03/11/05-80023-020 61.25

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:**  **1/15/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #