2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #700681

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



FILED Apr 18, 2006 8:00 am Secretary of State 04-18-2006 90087 043 ****61.25

Principal Prace 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				50013382				
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03142006	Chg-NP	CR2E03	7 (11/05)		
City & State		City & State			4. FEI Number 59-0872	FO 0070000 F:1-			plied For Applicable	
Ζip	Country 2		ip Country		5. Certificate of Status Desired			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent					7. Name and A	ddress of New R	legistered A	gent		
BARROW, WILLIAM A.				Name						
	4TH STREET		Street Addre		ess (P.O. Box Number is Not Acceptable)					
FORT LAUDERDALE, FL 33312										
1	• ;			City			FL	Zip Code		
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 pringed name of registered agent and title if applicable. (NOTE: Registered Agent agents a required when stresstring) DATE										
	signature, typed or printed name or registered agent	вистин и арреском.	(NOTE: Registere	C Agent Ingrense	echnic men exerciti		URIE			
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution:		\$5.00 May Be Added to Fees			payable to ment of Sta		
10.	OFFICERS AND DIE	RECTORS	11.		ADDITIONS/CHA	NGES TO OFFICE	RS AND DIR	ECTORS IN	10	
MILE	τ	□ Del	Delete TITLE		VT	1 ands	<u></u>	Change	Addition	
NAME	MILLS, DOUGLAS		NAM	- 1	mills, w	1. IH S	F_{\bullet}		1	
STREET ADDRESS CITY-ST-ZIP	810 S.W. 14TH ST.			ET ADORESS -ST-ZIP	8,03,0	ne Raw	k 01.	3304	ا م	
	POMPANO BEACH, FL 33060				Form	, v By	· FIR.	☐ Change	Addition :	
TITLE NAME	SCHNEIDER, C H	☐ Del	ete TITLI Nam					Cumate.		
STREET ADDRESS	5633 N.W. 8TH ST.			ET ADDRESS						
CTTY-ST-ZIP	MARGATE, FL		CITY	-ST-ZIP						
πιε	P	☐ Def	ete mu	E	•			☐ Change	☐ Addition	
HALE	BARROW, WILLIAM		NAM	•						
STREET ADORESS	7700 N.W. 8TH ST.			ET ADDRESS -ST-ZIP						
CITY-ST-ZIP	PEMBROKE PINES, FL							Change	Addition	
TITLE	D JOSEPH, JAMES	☐ Del	ete TITL	E .				TT cumile		
STREET ADDRESS	421 N.W. 34TH ST.			ET ADDRESS						
CITY-ST-ZIP	OAKLAND PARK, FL 33309		cm	-ST-ZIP						
ШЕ	D	☐ Def	icte TITL	E 1	D			Change	Addition	
NAME	DURHAM, DEAN		NAM	€ İγ	Durham. I)ean		~		
STREET ADDRESS	4410 N.E. 6TH AVE.		STRI	ET ADDRESS .	511 NE 42 Oakland P	St, S.	2227.4			
CITY-ST-ZP	OAKLAND PARK, FL 33334		СПУ	-ST-ZIP	Oakland P	ark tC	33534			
TITLE	V	☐ Đe	-	. 1	D			Change	☐ Addition	
NAME	BELYEU, DAN		NAM:	I .	•					
STREET ADDRESS I	4700 SW 64 AVENUE DAVIE, FL			EET ADORESS /-ST-ZIP				•		
40 15	DAVIE, I C		217		stained in Chapter 110	Elosido Statutos I	f	E. that the in	formation	

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 MAKE OF SIGNING OFFICER OR DIRECTOR