

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2007 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**



02222007 No Chg-NP

CR2E037 (4/06)

**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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VT  
MILLS, DOUGLAS  
810 SW 11 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  
511 NE 42 ST  
FORT LAUDERDALE, FL 33334**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
BELYEU, DAN  
4700 SW 64 AVENUE  
DAVIE, FL**

1100000658588  
03/15/07-80044-012 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. 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: *W.A. Barrow* **W.A. BARROW**

2/22/07

954-316-5959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #