2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 840879

1. Entity Name
FOURAKER ELECTRONICS, INC.

Principal Place of Business	Mailing Address
204 E GORDON STREET VALDOSTA, GA 31601	204 E GORDON STREET VALDOSTA, GA 31601

01202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1263461
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FOURAKER, ICHABOD
572-D APPLEYARD DRIVE
TALLAHASSEE, FL 32304

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FOURAKER, FOREST
STREET ADDRESS	204 E GORDON ST
CITY-ST-ZIP	VALDOSTA, GA 31601
TITLE	T
NAME	FOURAKER, HAYWOOD LEE
STREET ADDRESS	117 COLLEGE ST
CITY-ST-ZIP	MACON, GA 31201
TITLE	S
NAME	FOURAKER, ICHABOD III
STREET ADDRESS	572 APPLEYARD DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32304
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/16/04-80154-022 150.00

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12. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Forest Fouraker 1-20-04 229-242-5573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #