

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # 840879 1. Entity Name FOURAKER ELECTRONICS, INC.	
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Principal Place of Business 204 E GORDON STREET VALDOSTA, GA 31601	Mailing Address 204 E GORDON STREET VALDOSTA, GA 31601
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DO NOT WRITE IN THIS SPACE

02152005 No Chg-P CR2E034 (10/03)

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 APPELYARD DRIVE TALLAHASSEE, FL 32304	DO NOT WRITE IN THIS SPACE
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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 _____ Signature, typed or printed name of registered agent and file if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOURAKER, FOREST 204 E GORDON ST VALDOSTA, GA 31601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FOURAKER, HAYWOOD LEE 117 COLLEGE ST MACON, GA 31201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FOURAKER, ICHABOD III 572 APPELYARD DRIVE TALLAHASSEE, FL 32304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000235609
02/19/05-80011-016 150.00

**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)(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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>2-16-05</u> Daytime Phone #
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