

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

FILED

04 FEB -9 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # F00000002913

1. Entity Name  
ELECTRONIC TECHNOLOGIES CORPORATION USA



Principal Place of Business  
P.O. BOX 1049  
DOVER PLAINS, NY 12522

Mailing Address  
P.O. BOX 1049  
DOVER PLAINS, NY 12522



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number  
14-1747729

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324

**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

**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	MUNCEY, JAMES
STREET ADDRESS	P.O. BOX 1049
CITY-ST-ZIP	DOVER PLAINS, NY 12522
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

500028658845  
02/12/04--01035--025 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

Div of Corp.  
P.O. Box 6327  
Tallahassee FL 32314

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

Daytime Phone #

2/2/04 8458777400