2004 FOR PROFIT CORPORATION

FILED Jul 07, 2004 08:00 AM

	ANNUAL	. REPORT		<u></u> .	Secr	etary of	f State
DOCUMENT # F02000006132					SCCI	ctary of	State
1. Entity Nam	e ELECTRICAL CONTRACT						
NEOONE		one, inc.		1			
Principal Place	e of Business	Mailing Address	<u> </u>	7		-	
1708 SPARTA COURT P.O. BOX 1972 GASTONIA, NC 28052 GASTONIA, NC 28053							
GASTONIA, N	L 28052	GASTONIA, NC 28053		}			
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					IS BENIN KANDA MUNIK DAKA MA	מספור נשנים שנועע וווחח נוי	NINA WENDER HIDDE
				06302004	No Chg-P	CR2E034 (10	0/03)
D	O NOT WRITE	IN THIS SPA	CE	4. FEI Numb	oer		Applied For
		•		56-137			Not Applicabl
		, ,	,	5. Certificate	of Status Desired	□ \$8.7	5 Additional equired
	6. Name and Address of Gurrent	Registered Agent	I	gal	enterteet in Norway is a servery	y v 115152	
NDNICED	VACES INC		,	-	NOT W	i light it wiles fame	
NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301			DO NOT WRITE IN THIS SPACE				
							•
				-		, .v.	
					the State of The		
	named entity submits this statement for tions of registered agent.	or the purpose of changing its registe	rea onice or regis	tered agent, or bi	oin, in the State of Fi	onoa, ram ramiia	и мил, апо ассер
SIGNATURE_							
OIGIVATORIE-	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Register	ed Agent signature requi	red when reinstating)	T	DATE	
FI	LE NOW[]] FEE IS \$150.00	9. Election Campaign Fina	ancinġ _ \$	5.00 May Be	In accordance	with s. 607.193(2)(b), F.S., the
_	ue by September 8, 2004	. 🗆 Ā	ded to Fees corporation did not receive the prior notice.				
10.	OFFICERS AND	DIRECTORS	<u> </u>				
TITLE	P						
NAME STREET ADDRESS	RECORE, MICHAEL A 905 HOKE TRAIL						
CITY-ST-ZIP	CRAMERTON, NC 28032				0000	00163525 4-80006-0	د. مدین میشد. کامید
TITLE	٧		1		07/07/0	4-80006-0	23 150.00
NAME STREET ADDRESS	RECORE, TONYA B		ł				
CITY-ST-ZIP	CRAMERTON, NC 28032	••				,	
TITLE	ST		7	•	•		
NAME CTDCCT ADDROGG	PLATT, SANDY B		1	<u></u> -			
STREET ADDRESS CITY-ST-ZIP	119 W LEE AVENUE BESSEMER CITY, NC 28016			DO	NOT W	VRITE	
TITLE	,		1		THIS SI		
NAME	{		1	11.4	11110 01	AVE	
STREET ADDRESS CITY-ST-ZIP			l				
TITLE	 		- 1 ·	:			
NAME			I				
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CITY-ST-ZIP	<u> </u>		;				
TITLE Name			ľ				
STREET ADDRESS	1	€ >=	[

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

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sandy B. Platt

6/30/04 704 867 1647