


2004 FOR PROFIT CORPORATION ANNUAL REPORT

PS 1

FILED
04 JAN 15 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F32457		
1. Entity Name MICRO WIRE FORMS, INC.		

Principal Place of Business 998 JOSIANE COURT STE. 1055 ALTAMONTE SPRINGS, FL 32701 US	Mailing Address 998 JOSIANE COURT STE. 1055 ALTAMONTE SPRINGS, FL 32701 US
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DO NOT WRITE IN THIS SPACE



01212004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2089410	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ELLIOTT, NORMAN G 998 JOSIANE COURT STE. 1055 ALTAMONTE SPRINGS, FL 32701

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.

700027767907
01/29/04--01024--016 **150.00

SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ELLIOTT, NORMAN G 11 HORSEMAN COVE LONGWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ELLIOTT, JUNE M 11 HORSEMAN COVE LONGWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELLIOTT, TERRY J 616 SILVER BIRCH PLACE LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: <u>See attached</u>	_____	Date _____	Daytime Phone # _____
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Document Number

F32457

Business Entity Name

MICRO WIRE FORMS, INC.

FEI Number

59208941

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Principal Place of Business

Address

998 JOSIANE COURT

Suite, Apt. #, etc.

STE. 1055

City, State

ALTAMONTE SPRINGS

FL

Zip Code & Country

32701

US

Mailing Address

Address

998 JOSIANE COURT

Suite, Apt. #, etc.

STE. 1055

City, State

ALTAMONTE SPRINGS

FL

Zip Code & Country

32701

US

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

-or- RA Business Name

ELLIOTT, NORMAN G

Address

998 JOSIANE COURT

Suite, Apt. #, etc.

STE. 1055

City, State

ALTAMONTE SPRINGS

FL

Zip Code & Country

32701

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

Continue

Reset

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Document Number

F32457

Business Entity Name

MICRO WIRE FORMS, INC.

Election Campaign Financing Trust Fund

☐ Yes ☒ No

Officer/Director Name And Address

Title

VP

Name (Last, First, Middle, Title)

-or- Entity Name

ELLIOTT, NORMAN G

Street Address

11 HORSEMAN COVE

City, State

LONGWOOD

FL

Zip Code & Country

Title

ST

Name (Last, First, Middle, Title)

-or- Entity Name

ELLIOTT, JUNE M

Street Address

11 HORSEMAN COVE

City, State

LONGWOOD

FL

Zip Code & Country

Title

P

Name (Last, First, Middle, Title)

ELLIOTT

TERRY

J

-or- Entity Name

Street Address

616 SILVER BIRCH PLACE

City, State

LONGWOOD

FL

Zip Code & Country

32750

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title	<input type="text"/>
Name (Last, First, Middle, Title)	<input type="text"/>
-or- Entity Name	<input type="text"/>
Street Address	<input type="text"/>
City, State	<input type="text"/>
Zip Code & Country	<input type="text"/>
Title	<input type="text"/>
Name (Last, First, Middle, Title)	<input type="text"/>
-or- Entity Name	<input type="text"/>
Street Address	<input type="text"/>
City, State	<input type="text"/>
Zip Code & Country	<input type="text"/>

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title
Officer/Director Signature