


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2004 8:00 am
Secretary of State


08-02-2004 90008 012 ***550.00

DOCUMENT # F94000003362	
1. Entity Name SPRINGWOOD ELECTRONICS INTERNATIONAL, INC.	

Principal Place of Business 3685 WOODRIDGE PLACE PALM HARBOR, FL 34684	Mailing Address PO BOX 6068 PALM HARBOR, FL 34684
--	---

54066139

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

	
03112003	Chg-P CR2E034 (10/03)
4. FEI Number 22-2143209	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

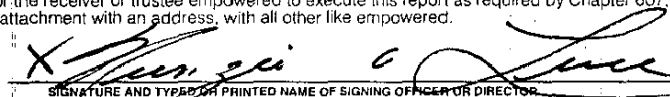
6. Name and Address of Current Registered Agent	
LAZER, JULES 7283 MANDARIN DR BOCA RATON, FL 33433	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
NAME	LUCE, NUNZIO A	NAME	LUCE, NUNZIO A
STREET ADDRESS	39 GALSTON DR.	STREET ADDRESS	3685 WOODRIDGE PL
CITY-ST-ZIP	PRINCETON JUNCTION, NJ 08550	CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	NAME	TITLE	NAME
NAME	LAZER, JULES	NAME	
STREET ADDRESS	7283 MANDARIN DR	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33433	CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: 	Date: 7/20/04 Daytime Phone: 212-382-9000