

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90012 020 ***150.00

DOCUMENT # H91604

1. Entity Name

FULLER ELECTRIC OF BOCA RATON INC.



Principal Place of Business

5400 N DIXIE HWY
BOCA RATON FL 33487

Mailing Address

5400 N DIXIE HWY
BOCA RATON FL 33487

94024681



MOORE

CR2E034 (11/03)

2. Principal Place of Business

7158 FOXWORTH CT.
Suite, Apt. #, etc.

3. Mailing Address

7158 FOXWORTH CT.
Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL.

Zip
33437

Country
USA

City & State

BOYNTON BEACH, FL.

Zip
33437

Country
USA

4. FEI Number

59-2607928

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FULLER, RONALD T
7158 FOX NORTH CT.
BOYNTON BEACH FL 33437

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

Ronald T. Fuller

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP ☐ Delete
NAME FULLER, BETTY L.
STREET ADDRESS 7158 FOXWORTH CT
CITY-ST-ZIP BOYNTON BEACH FL

TITLE P ☐ Delete
NAME FULLER, RONALD T.
STREET ADDRESS 7158 FOXWORTH CT
CITY-ST-ZIP BOYNTON BEACH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

Ronald T. Fuller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-1-04

Daytime Phone #

561-238-0579