

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 08, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # J53684**

1. Entity Name  
**TARGET ELECTRICAL SYSTEMS, INC.**



Principal Place of Business  
**616 MAGNOLIA STREET  
DUNEDIN, FL 34698 US**

Mailing Address  
**616 MAGNOLIA STREET  
DUNEDIN, FL 34698 US**



03032004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2782663</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**SHAFFER, KEVIN  
616 MAGNOLIA STE.  
DUNEDIN, FL 34698**

**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 restate)

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

000000080077  
03/08/04-80034-011 158.75

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAFFER, KEVIN 616 MAGNOLIA ST. DUNEDIN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD SHAFFER, PHYLLIS 616 MAGNOLIA ST. DUNEDIN, FL
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	

**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)(j), 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:**

*Kevin D. Shaffer* **KEVIN D. SHAFFER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT**

**3-5-04**

Date

**(727) 734-2940**  
Daytime Phone #