


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # K68362	
1. Entity Name TEKTRON ELECTRICAL SYSTEMS, INC.	

Principal Place of Business 7547 GARDEN RD., SUITE 22 RIVIERA BEACH, FL 33404	Mailing Address 7547 GARDEN RD., SUITE 22 RIVIERA BEACH, FL 33404
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DO NOT WRITE IN THIS SPACE

01072004 No Chg-P CR2E034 (10/03)	
4. FEI Number 65-0175595	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 SAPP, MICHAEL B. 12728 MALLARD CREEK DR PALM BEACH GARDENS, FL 33418

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____ <small>(NOTE: Registered Agent signature required when resigning)</small>

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	U00000124147 04/22/04-80033-019 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SAPP, MICHAEL B. 12728 MALLARD CREEK DR PALM BCH GDNS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PLOSKUNAK, BRIAN D. 117 SWAN PARKWAY EAST ROYAL PALM BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>Michael B. Sapp</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4/20/04 561-844-3156 <small>Date Daytime Phone #</small>