

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90403 022 ***150.00

DOCUMENT # K69323

1. Entity Name

ELECTRONICS PLUS, INC.



Principal Place of Business

2026 S.W. 34TH STREET
GAINESVILLE FL 32608

Mailing Address

2026 S.W. 34TH STREET
GAINESVILLE FL 32608

34010613



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2937224

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOWELL, ANDREW M.
2725 N.W. 44TH PLACE
GAINESVILLE, FL 32605

7. Name and Address of New Registered Agent

Name: Dowell, Andrew M.
Street Address (P.O. Box Number is Not Acceptable): 2220 SW 34th St Apt 300
City: Gainesville FL Zip Code: 32608

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 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: P
NAME: DOWELL, ANDREW M.
STREET ADDRESS: 2725 N.W. 44TH PLACE
CITY-ST-ZIP: GAINESVILLE FL 32605 ☐ Delete

TITLE: VP
NAME: DOWELL, DEBORAH
STREET ADDRESS: 2725 N.W. 44TH PLACE
CITY-ST-ZIP: GAINESVILLE FL 32605 ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

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☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P
NAME: Dowell, Andrew M.
STREET ADDRESS: 2220 SW 34th St Apt 300
CITY-ST-ZIP: Gainesville FL 32608 ☒ Change ☐ Addition

TITLE: VP
NAME: Dowell, Deborah
STREET ADDRESS: 2220 SW 34th St Apt 300
CITY-ST-ZIP: Gainesville FL 32608 ☒ Change ☐ Addition

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew M. Dowell

4/30/04 352 371-3223
Date Daytime Phone #