

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # L76020

1. Entity Name
TRY-COR ELECTRIC, INC.



Principal Place of Business
**%CATHY TRYTEK
3220 37TH STREET
ORLANDO, FL 32839**

Mailing Address
**%CATHY TRYTEK
3220 37TH STREET
ORLANDO, FL 32839**

FILED
Jan 18, 2005 08:00 AM
Secretary of State



01142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3015522	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TRYTEK, CATHY
3220 37TH STREET
ORLANDO, FL 32839**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000182969

01/19/05-80048-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	TRYTEK, CATHY
STREET ADDRESS	3220 37TH ST
CITY-ST-ZIP	ORLANDO, FL

TITLE	DVP
NAME	TRYTEK, FRANK
STREET ADDRESS	3220 37TH ST
CITY-ST-ZIP	ORLANDO, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cathy Trytek
CATHY TRYTEK - PRES.

Date

Daytime Phone #

1/14/05 *407-839-4699*