

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90027 033 \*\*\*158.75

**DOCUMENT # M26862**

1. Entity Name

ALLBRITE ELECTRICAL CONTRACTORS, INC.



Principal Place of Business

4051 SW 47TH AVE  
SUITE 101  
FT. LAUDERDALE FL 33314-1045

Mailing Address

4051 SW 47TH AVE  
SUITE 101  
FT. LAUDERDALE FL 33314-1045

94023168



MOORE

CR2E034 (11/03)

2. Principal Place of Business

4450 NW 126TH AVE

Suite, Apt. #, etc.

SUITE 101

City & State

CORAL SPRINGS FL

Zip

33065

Country

USA

3. Mailing Address

4450 NW 126TH AVE

Suite, Apt. #, etc.

SUITE 101

City & State

CORAL SPRINGS FL

Zip

33065

Country

USA

4. FEI Number

59-2634751

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GERBER, LLOYD  
4051 SW 47TH AVE  
SUITE 101  
FT. LAUDERDALE FL 33314-1045

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4450 NW 126TH AVE

SUITE 101

City

CORAL SPRINGS

FL

Zip Code

33065

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

2/2/04

**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	DP	<input checked="" type="checkbox"/> Delete
NAME	GERBER, LLOYD	
STREET ADDRESS	4051 SW 47TH AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33314-1045	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERBER, Lloyd	
STREET ADDRESS	4450 NW 126TH AVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2/04

954-583-6788