

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P00000013667

1. Entity Name  
ABOVE ALL ELECTRONICS, INC.



**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

Principal Place of Business  
1629 LANDFALL DR.  
NOKOMIS, FL 34275

Mailing Address  
1629 LANDFALL DR.  
NOKOMIS, FL 34275



04172004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0995881 Applied For Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

PROCYK, PETER G  
1629 LANDFALL DR.  
NOKOMIS, FL 34275

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

U000000141735  
04/30/04-80023-016 150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PO  
PROCYK, PETER  
1629 LANDFALL DR.  
NOKOMIS, FL 34275

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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STREET ADDRESS  
CITY - ST - ZIP

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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)(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:

*Peter G. Procyk*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-04

Date

941-493-3195

Daytime Phone #