

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2004 8:00 am
Secretary of State

04-19-2004 90273 029 ***150.00

DOCUMENT # P00000046811

1. Entity Name
F D C ELECTRIC, INC.



Principal Place of Business

3455 N.E. 12TH TERRACE, STE. 11

OAKLAND PARK, FL 33334

10115 W. SUNRISE BLVD. #203
PLANTATION, FL 33322

Mailing Address

3455 N.E. 12TH TERRACE, STE. 11

OAKLAND PARK, FL 33334

10115 W. SUNRISE BLVD. #203
PLANTATION, FL 33322

66427872



03132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1010053

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BEVACQUA, FRANK

3455 N.E. 12TH TERRACE, STE. 11

OAKLAND PARK, FL 33334

10115 W. SUNRISE BLVD. #203
PLANTATION, FL 33322

**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 \$350.00

9. Election Campaign Financing
Trust Fund Contribution

☐

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

10. OFFICERS AND DIRECTORS

TITLE

PD

NAME

BEVACQUA, FRANK

STREET ADDRESS

1050 PIERCE ST. REAR APT.

CITY-ST-ZIP

HOLLYWOOD, FL 33020

TITLE

VD

NAME

SAUNDERS, JOSEPH D

STREET ADDRESS

6840 GREEN ISLAND TERRACE

CITY-ST-ZIP

LAKE WORTH, FL 33467

TITLE

S

NAME

MORINI, FRANCIS A

STREET ADDRESS

1940 DISCOVERY CIR E

CITY-ST-ZIP

DEERFIELD, FL 37442

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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 #