

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000046811

1. Entity Name  
F D C ELECTRIC, INC.



Principal Place of Business

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

Mailing Address

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



03232005 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  
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 reinstalling)

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

U000000345441  
04/30/05-80035-011 150.00

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME BEVACQUA, FRANK  
STREET ADDRESS 10115 W. SUNRISE BLVD., #203  
CITY-ST-ZIP PLANTATION, FL 33322

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

**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

Date

Daytime Phone #

4-26-05