

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000079576	
1. Entity Name ALMOR ELECTRIC & DESIGN, INC.	

Principal Place of Business 11042 NW 18TH PL PLANTATION, FL 33322	Mailing Address 11042 NW 18TH PL PLANTATION, FL 33322
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DO NOT WRITE IN THIS SPACE



03032005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1034859	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent MOR, SHMUEL 11042 NW 18TH PL PLANTATION, FL 33322

**DO NOT WRITE
IN THIS SPACE**

6. 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 _____

If granted, types or prints and signatories must sign and date if applicable.

OR If Registered Agent has died, removed, or is unavailable

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**

10. OFFICERS AND THEIR CIRCLES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MOR, SHMUEL 11042 NW 18TH PL PLANTATION, FL 33322
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03/19/05-80044-010 150.00

**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 110.07(9)(b), Florida Statutes. I further certify that the information included 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. But I am not officer or director of this 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

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