

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90016 026 ***158.75

DOCUMENT # P01000017876

1. Entity Name
DANCARD ELECTRICAL CONTRACTORS, INC.



Principal Place of Business
**170SW 11 AVENUE
APT. 12
HALLANDALE, FL. 33009**

Mailing Address
**170SW 11 AVENUE
APT. 12
HALLANDALE, FL. 33009**

24079275



2. Principal Place of Business
**1913 NW 46 AVE.
Suite, Apt. #, etc. **G****

3. Mailing Address
**1913 NW 46 AVE.
Suite, Apt. #, etc. **G****

07222004 Chg-P CR2E034 (10/03)

City & State
**LAUDERHILL, FL.
Zip **33313** Country **USA****

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**LAUDERHILL, FL.
Zip **33313** Country **USA****

4. FEI Number
65-1084351

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**OSBOURNE, GLENFORD C
170 SW 11 AVENUE, APT 12
HALLANDALE, FL 33009**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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)

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **OSBOURNE, GLENFORD C**
STREET ADDRESS **170SW 11 AVENUE APT. 12**
CITY-ST-ZIP **HALLANDALE, FL 33009**

TITLE **DV** ☒ Delete
NAME **PEARSON, STEPHEN**
STREET ADDRESS **3653 NW 37TH AVE**
CITY-ST-ZIP **LAUDERDALE LAKES, FL 33309**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP/S** ☒ Change ☒ Addition
NAME **GLENFORD OSBOURNE**
STREET ADDRESS **1913 NW 46 AVE, APT G**
CITY-ST-ZIP **LAUDER HILL, FL. 33313**

TITLE **DV** ☒ Change ☐ Addition
NAME **DECEASED - 2003**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

GLENFORD OSBOURNE 0627-04

Date

Daytime Phone #

9546323320