

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90063 032 ***150.00

DOCUMENT # P01000054608

1. Entity Name
VALUE ELECTRIC, INC.



Principal Place of Business

C/O CONSTANTINO
2200 S PALMETTO AVE #4
SOUTH DAYTONA, FL 32119 US

Mailing Address

C/O CONSTANTINO
2200 S PALMETTO AVE #4
SOUTH DAYTONA, FL 32119 US

20022513



2. Principal Place of Business

515 HERBERT STREET STE A
Suite, Apt. #, etc.

3. Mailing Address

515 HERBERT STREET STE A
Suite, Apt. #, etc.

02212005 Chg-P CR2E034 (10/03)

City & State
PORT ORANGE

City & State
PORT ORANGE

4. FEI Number
59-3735298

Applied For
Not Applicable

Zip
32129

Country
VOLUSIA

Zip
32129

Country
VOLUSIA

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

6. Name and Address of Current Registered Agent

CONSTANTINO, STEVEN P
C/O CONSTANTINO
2200 S PALMETTO AVE #4
SOUTH DAYTONA, FL 32119

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
515 HERBERT STREET STE A

City
PORT ORANGE

FL

Zip Code
32129

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
CONSTANTINO, STEVEN P
C/O CONSTANTINO 2200 S PALMETTO #4
SOUTH DAYTONA, FL 32119

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
515 HERBERT STREET STE A
PORT ORANGE, FL 32129-3846

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

Steven P. Constantino, PSTD

03/13/05 (386) 763-9950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #