

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90065 001 ***600.00

DOCUMENT # P02000045894

1. Entity Name
FLORIDA ELECTRIC VEHICLES, INC.



Principal Place of Business
**201 S.E. 24TH AVE
POMPANO BEACH, FL 33062**

Mailing Address
**201 S.E. 24TH AVE
POMPANO BEACH, FL 33062**

66000238



2. Principal Place of Business

3. Mailing Address

01172005 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
01-0682919

Applied For
Not Applicable

City & State

City & State

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

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEWMAN, THOMAS L
201 S.E. 24TH AVE
POMPANO BEACH, FL 33062**

Name

Street Address (P.O. Box Number is Not Acceptable)
1877 South Federal Highway

Suite #304

City

Boca Raton

FL

Zip Code

33432

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 Thomas L Newman
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/17/05

**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 ☐ Delete
NAME **D**
STREET ADDRESS **MACCALLUM, CHARLES E**
CITY-ST-ZIP **201 S.E. 24TH AVE
POMPANO BEACH, FL 33062**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **NEWMAN, THOMAS L**
CITY-ST-ZIP **201 S.E. 24TH AVE
POMPANO BEACH, FL 33062**

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 ☒ Change ☐ Addition
NAME
STREET ADDRESS **1877 South Federal Highway, Suite #304**
CITY-ST-ZIP **Boca Raton, FL 33432**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1877 South Federal Highway, Suite #304**
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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: Thomas L Newman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/05
Date

561-368-3533
Daytime Phone #