

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90006 002 ***150.00

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1. Entity Name

T.Q. ELECTRICAL CONTRACTORS, INC



Principal Place of Business

7533 GARFIELD STREET
HOLLYWOOD FL 33024

Mailing Address

7533 GARFIELD STREET
HOLLYWOOD FL 33024

44010041



MOORE CR2E034 (11/03)

2. Principal Place of Business

T.Q. Electrical Contractors, Inc. 7533 Garfield St.

3. Mailing Address

Suite, Apt. #, etc.

City & State

(Hollywood)

City & State

FWA

4. FEI Number

04-3696744

Applied For

Not Applicable

Zip

33024

Country

USA

Zip

33024

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SKELTON, RAYMOND J
3349 N. UNIVERSITY DR
SUITE 6
HOLLYWOOD FL 33024

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)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME P QUACH, THAN ☐ Delete
STREET ADDRESS 7533 GARFIELD ST.
CITY-ST-ZIP HOLLYWOOD FL 33024

TITLE NAME ST. QUACH, LIEN ☐ Delete
STREET ADDRESS 7533 GARFIELD ST.
CITY-ST-ZIP HOLLYWOOD FL 33024

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
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

Date

3/15/04

Daytime Phone #

(Call) 854-347-3351