2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**SIGNATURE:** 

## Apr 02, 2004 8:00 am Secretary of State DOCUMENT # P03000090928 1. Entity Name 04-02-2004 90052 043 \*\*\*158.75 FIRST CHOICE ELECTRIC OF NORTH PORT, INC. Principal Place of Business Mailing Address 6836 RUFF ST 6836 RUFF ST NORTH PORT FL 34286 NORTH PORT FL 34286 2. Principal Place of Business 1050 Corporate Avenu 1050 Corporat Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Lnit 120 Un<u>it120</u> City & State City & State Applied For North Por 76-0739155 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired LLSA Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ACKLEY, DOUGLAS Street Address (P.O. Box Number is Not Acceptable) 6836 RUFF ST NORTH PORT FL 34286 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. las Haklen Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Change ☐ Addition Delete ACKLEY, DOUGLAS NAME NAME STREET ADDRESS 6836 RUFF ST STREET ADDRESS CITY-ST-ZIP NORTH PORT FL 34286 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NARAE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED