
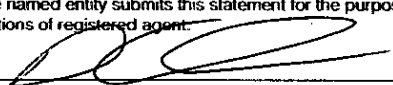
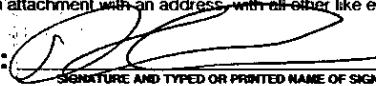


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

08-09-2004 90002 029 \*\*\*558.75

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>DOCUMENT # P03000115596</b><br>1. Entity Name<br><b>DAVID ANTINI ELECTRIC INCORPORATED.</b>   |   |   |  |  |  |
| Principal Place of Business<br><b>7308 BASS ST<br/>ENGLEWOOD, FL 34224</b>   |   |   | Mailing Address<br><b>7308 BASS ST<br/>ENGLEWOOD, FL 34224</b>           |   |  |
| 2. Principal Place of Business   |   | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |  |   |  |
| City & State   |   | City & State  |  |   |  |
| Zip  | Country   | Zip   | Country  |   |  |
| 6. Name and Address of Current Registered Agent  |   |   |  | 7. Name and Address of New Registered Agent                                       |  |
| <b>ANTINI, DAVID<br/>7308 BASS ST<br/>ENGLEWOOD, FL 34224</b>  |   |   |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                |  |
|  |   |   |  | <b>FL</b> 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  DATE <b>8-4-04</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 8, 2004</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>  |  |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                    |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>DP<br/>ANTINI, DAVID<br/>7308 BASS ST.<br/>ENGLEWOOD, FL 34224</b> <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> 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. |   |   |  |   |  |
| <b>SIGNATURE:</b>   |   |   | <b>8/4/04</b> <b>941-474-3576</b><br><small>Date Daytime Phone #</small> |   |  |

J4001016



07112004 Chg-P CR2E034 (10/03)

4. FEI Number **20-0403092** Applied For  
Not Applicable

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

**FL** Zip Code

**8-4-04**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

## 10. OFFICERS AND DIRECTORS

|                 |                     |                                 |
|-----------------|---------------------|---------------------------------|
| TITLE           | DP                  | <input type="checkbox"/> Delete |
| NAME            | ANTINI, DAVID       |                                 |
| STREET ADDRESS  | 7308 BASS ST.       |                                 |
| CITY - ST - ZIP | ENGLEWOOD, FL 34224 |                                 |
| TITLE           |                     | <input type="checkbox"/> Delete |
| NAME            |                     |                                 |
| STREET ADDRESS  |                     |                                 |
| CITY - ST - ZIP |                     |                                 |
| TITLE           |                     | <input type="checkbox"/> Delete |
| NAME            |                     |                                 |
| STREET ADDRESS  |                     |                                 |
| CITY - ST - ZIP |                     |                                 |
| TITLE           |                     | <input type="checkbox"/> Delete |
| NAME            |                     |                                 |
| STREET ADDRESS  |                     |                                 |
| CITY - ST - ZIP |                     |                                 |
| TITLE           |                     | <input type="checkbox"/> Delete |
| NAME            |                     |                                 |
| STREET ADDRESS  |                     |                                 |
| CITY - ST - ZIP |                     |                                 |

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                 |      |   |
|-----------------|------|---|
| TITLE           | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS  |      |   |
| CITY - ST - ZIP |      |   |
| TITLE           |      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |      |   |
| STREET ADDRESS  |      |   |
| CITY - ST - ZIP |      |   |
| TITLE           |      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |      |   |
| STREET ADDRESS  |      |   |
| CITY - ST - ZIP |      |   |
| TITLE           |      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |      |   |
| STREET ADDRESS  |      |   |
| CITY - ST - ZIP |      |   |
| TITLE           |      | <input type="checkbox"/> Change <input type="checkbox"/> 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

**8/4/04**

Date

Daytime Phone #

**941-474-3576**