

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91039 046 ***150.00

DOCUMENT # P03000118874

1. Entity Name

ELECTRONICS CITY INC.



Principal Place of Business

1860 FAWSETT RD.
WINTER PARK FL 32789

Mailing Address

1860 FAWSETT RD.
WINTER PARK FL 32789

2. Principal Place of Business

1121 Solana Ave.
Suite, Apt. #, etc.

3. Mailing Address

1121 Solana Ave.
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Winter Park, FL

Zip
32789

Country
US

City & State

Winter Park, FL

Zip
32789

Country
US

4. FEI Number

13-4268557

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BYINGTON, JAMES G
1860 FAWSETT RD.
WINTER PARK FL 32789

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	Pres.	<input type="checkbox"/> Delete
NAME	Byington, James G	
STREET ADDRESS	1860 Fawsett Rd.	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	Sec/Treas	<input type="checkbox"/> Delete
NAME	Byington, Deborah S.	
STREET ADDRESS	1860 Fawsett Rd.	
CITY-ST-ZIP	Winter Park, FL 32789	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

Deborah S. Byington

4/22/04

407-644-5175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #