

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Aug 08, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # P03000120561**

1. Entity Name  
**AASTRO ELECTRICAL INC.**



Principal Place of Business  
**1920 CAROLYN CT.  
ST. CLOUD, FL 34769**

Mailing Address  
**1920 CAROLYN CT.  
ST. CLOUD, FL 34769**



07052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>52-2406688</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BIALEK, CASEY B  
1920 CAROLYN CT.  
ST. CLOUD, FL 34769**

**DO NOT WRITE  
IN THIS SPACE**

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: *James V. Tritto* *JAMES V. TRITTO* *8-5-05*  
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  
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BIALEK, CASEY B 1920 CAROLYN CT. ST. CLOUD, FL 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFF. TRITTO, JIM 1920 CAROLYN CT. ST. CLOUD, FL 34769
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08/08/05-80007-003 158.75

**DO NOT WRITE  
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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: *Casey B Bialek* *Casey B Bialek* *7-24-05* *321-231-5425*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #