

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2005 8:00 am**  
**Secretary of State**

04-01-2005 90023 041 \*\*\*158.75

**DOCUMENT # P03000123050**

1. Entity Name  
**VOLT ELECTRIC, INC.**



Principal Place of Business  
**2313 NO. CONGRESS AVE.  
#26  
BOYNTON BEACH, FL 33426**

Mailing Address  
**PO BOX 669  
BOYNTON BEACH, FL 33425**

**20025910**



2. Principal Place of Business  
**521 N.E. 45th Street**

3. Mailing Address  
**Po Box 272833**

Suite, Apt. #, etc.  
**#4**

Suite, Apt. #, etc.

03282005

Chg-P

CR2E034 (10/03)

City & State  
**Boca Raton FL**

City & State  
**Boca Raton FL**

4. FEI Number  
**13-4268520**

Applied For  
Not Applicable

Zip  
**33431**

Country  
**Flam Beach**

Zip  
**33427**

Country  
**Flam Beach**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KESSLER, PAUL  
2313 NO. CONGRESS AVE.  
#26  
BOYNTON BEACH, FL 33426**

Name  
**Kessler Paul**

Street Address (P.O. Box Number is Not Acceptable)  
**521 N.E. 45th Street #4**

City **Boca Raton** **FL** **33431**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **KESSLER, PAUL**  
CITY-ST-ZIP **2313 NO. CONGRESS AVE.  
BOYNTON BEACH, FL 33426**

TITLE ☐ Change ☐ Addition  
NAME **D**  
STREET ADDRESS **Kessler Paul**  
CITY-ST-ZIP **521 N.e. 45th street #4  
Boca Raton FL 33431**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ 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 an other like empowered.

SIGNATURE:

*Paul Kessler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-28-05 561-329-5246**