

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90063 009 \*\*\*158.75

DOCUMENT # P03000123872

1. Entity Name  
EVE ELECTRIC, INC



Principal Place of Business Mailing Address  
2475 SE 9 ST 2475 SE 9 ST  
POMPANO BCH, FL 33062 POMPANO BCH, FL 33062

20012958



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02102005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-1209154

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22 ST 4TH FL  
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name THOMAS R. NASH

Street Address (P.O. Box Number is Not Acceptable)

2475 SE 9 STREET

City POMPANO BEACH, FL

Zip Code 33062

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]*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-10-05

**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

TITLE PSTD  
NAME NASH, THOMAS R ☐ Delete  
STREET ADDRESS 2475 SE 9 ST  
CITY-ST-ZIP POMPANO BCH, FL 33062

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME EVA NASH  
STREET ADDRESS 2475 SE 9 ST  
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE SECRETARY ☐ Change ☒ Addition  
NAME EVA NASH  
STREET ADDRESS 2475 SE 9 ST  
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE TREASURER ☐ Change ☒ Addition  
NAME EVA NASH  
STREET ADDRESS 2475 SE 9 ST  
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE ASST. SECRETARY ☐ Change ☒ Addition  
NAME DOROTHY REILLY  
STREET ADDRESS 2121 NE 33 STREET  
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

TITLE ASST. SECRETARY/TREAS ☐ Change ☒ Addition  
NAME EVA LARSEN  
STREET ADDRESS 8153 SAN CARLOS CIRCLE  
CITY-ST-ZIP TAMARAC, FL 33321

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 all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-10-05 954-298-9450