

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000138580

FILED
Apr 12, 2004
Secretary of State

Entity Name: ONE TOUCH ELECTRICAL CONTRACTORS, INC.

Current Principal Place of Business:

22563 SW 66 AVE
309
BOCA RATON, FL 33428 US

New Principal Place of Business:

Current Mailing Address:

22563 SW 66 AVE
309
BOCA RATON, FL 33428 US

New Mailing Address:

FEI Number: 90-0124771 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLOREXIL, JOVEL
22563 SW 66 AVE
309
BOCA RATON, FL 33428 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR () Change (X) Addition
Name: FLOREXIL, JOVEL H OFFICER
Address: 22563 SW 66 AVE
City-St-Zip: BOCA RATON, FL 33428 US

Title: MR () Change (X) Addition
Name: EARLY, WILLIAM T OFFICER
Address: 188 MOCKINGBIRD TRAIL SOUTH
City-St-Zip: FROSTPROOF, FL 33843 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM T EARLY

MR

04/12/2004

Electronic Signature of Signing Officer or Director

_____ Date