

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90031 018 ***158.75

DOCUMENT # P03000146651

1. Entity Name

TED ROBERTS ELECTRICAL CONTRACTOR INC.



Principal Place of Business

42100 CHINABERRY ST
EUSTIS FL 32764

Mailing Address

42100 CHINABERRY ST
EUSTIS FL 32764

2. Principal Place of Business

245 WEST OHIO AVE.

Suite, Apt. #, etc.

3. Mailing Address

42100 Chinaberry St.

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

LAKE HELEN, FLA

City & State

EUSTIS, FLA

4. FEI Number

20-0484181

Applied For

Not Applicable

Zip

32744

Country

USA

Zip

32736

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

TED W. ROBERTS

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

42100 China berry St.

City

EUSTIS,

FL

Zip Code

32736

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

TED W. ROBERTS, PRES

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-10-04

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 PD ☐ Delete
NAME ROBERTS, TED W
STREET ADDRESS 42100 CHINABERRY ST
CITY-ST-ZIP EUSTIS FL 32764

TITLE STD ☐ Delete
NAME ROBERTS, PAMELA
STREET ADDRESS 42100 CHINABERRY ST
CITY-ST-ZIP EUSTIS FL 32764

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

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

TITLE ☐ Change ☐ Addition
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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

Pamela Roberts, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-10-04 386228-1111