

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90008 029 ***150.00

DOCUMENT # P03352

1. Entity Name

HOUSTON STAFFORD ELECTRIC, INC.



Principal Place of Business

10203 MULA CIRCLE
STAFFORD TX 77477

Mailing Address

P.O. BOX 947
STAFFORD TX 77497-0947

2. Principal Place of Business

10203 Mula Circle

3. Mailing Address

P.O. Box 947

Suite, Apt. #, etc.

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Stafford Texas

City & State

Stafford, Texas

4. FEI Number

74-1774028

Applied For

Not Applicable

Zip

77477

Country

USA

Zip

77497-0947

Country

USA

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

City

FL

Zip Code

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, 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	VTSC	<input type="checkbox"/> Delete
NAME	WILKS, WILLIAM E.	
STREET ADDRESS	2426 WEATHERFORD DR.	
CITY-ST-ZIP	PEARLAND TX 77584	
TITLE	P	<input type="checkbox"/> Delete
NAME	PASCHAL III, JOHN W.D.	
STREET ADDRESS	1515 QUIET TRAIL	
CITY-ST-ZIP	SUGAR LAND TX 77479	
TITLE	VPME	<input type="checkbox"/> Delete
NAME	CRIST, WILLIAM B	
STREET ADDRESS	577 TRIANON	
CITY-ST-ZIP	HOUSTON TX 77024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/04

Date

(281) 498-2212

Daytime Phone #