

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90161 003 ***150.00

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1. Entity Name

END OF THE LINE ELECTRIC, INC.



Principal Place of Business

4409 MAINLAND DRIVE
FT. LAUDERDALE FL 33307

Mailing Address

4409 MAINLAND DRIVE
FT. LAUDERDALE FL 33307

2. Principal Place of Business

P.O. Box 24205

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 24205

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

Zip
33307

Country
US

City & State

FT. LAUDERDALE, FL

Zip
33307

Country
US

4. FEI Number

06-1728331

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/04)



6. Name and Address of Current Registered Agent

GALLUZZO, ANTHONY
4409 MAINLAND DRIVE
FT. LAUDERDALE FL 33307

7. Name and Address of New Registered Agent

Name

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

6301 N. University DR #108

City
TAMARAC

FL

Zip Code
33321

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

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 D ☐ Delete
NAME GALLUZZO, ANTHOONY
STREET ADDRESS 4409 MAINLAND DRIVE
CITY-ST-ZIP FT. LAUDERDALE FL 33307

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 ☒ Change ☐ Addition
NAME
STREET ADDRESS 6301 N. University DR #108
CITY-ST-ZIP TAMARAC, FL. 33321

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 #

3-3-05