2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 04, 2004 08:00 AM Secretary of State DOCUMENT # P93000023217 1. Entity Name K.C. ELECTRICAL SERVICES, INC. Principal Place of Business Mailing Address 11701 S.W. 130TH AVE. 11701 S.W. 130TH AVE. MIAMI FL 33186 MIAMI FL 33186 3. Mailing Address 2. Principal Place of Business Suite, Apt #, etc. Suite. Act. #, etc. CR2E034 (11/03) City & State 4. FEI Number Applied For City & State 65-0411004 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CROOK, KENT 11701 S.W. 130TH AVE. Street Address (P.O. Box Number is Not Acceptable) MIAM! FL 33186 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Change Addition ☐ Delete TITLE TITLE CROOK, KENT NAME NAME U00000036087 STREET ADDRESS 11701 S.W. 130TH AVE. STREET ADDRESS 02/06/04-80043-018 150.00 MIAMI FL CITY-ST-ZIP City - ST- ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

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