

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

8/30/2004 90012:028 \$150.00-\$150.00

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



MOORE CR2E034 (4/04)

DOCUMENT # P94000026291 1. Entity Name ELINCO ELECTRICAL CONTRACTORS, INC.			
Principal Place of Business 1594 NW 114 TERRACE PLANTATION FL 33323		Mailing Address 1594 NW 114 TERRACE PLANTATION FL 33323	
2. Principal Place of Business 1594 NW 114 TERRACE Suite, Apt. #, etc.		3. Mailing Address 1594 NW 114 TERR Suite, Apt. #, etc.	
City & State PLANTATION, FL		City & State FLORIDA	
Zip 33323		Zip 33323	
Country USA		Country USA	
4. FEI Number 59-3234748		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SINGH, MICHAEL MICHAEL 1594 NW 114TH TERRACE PLANTATION FL 33323		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State </div> <div style="width: 30%;"> S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/> </div> <div style="width: 30%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> </div> <div style="width: 10%;"> \$5.00 May Be Added to Fees </div> </div>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="border: 1px solid black; padding: 2px;"> PSTD SINGH, MICHAEL 1594 N.W. 114TH TERRACE PLANTATION FL 33323 </div> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
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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: <i>[Signature]</i> MICHAEL SINGH (President/owner 8/4/04) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

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