



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90047 015 ***150.00

DOCUMENT # P95000041196 1. Entity Name COMING ATTRACTIONS GRIP & ELECTRIC, INC.					
Principal Place of Business 567 BISHOPGATE LN JACKSONVILLE, FL 32204			Mailing Address 567 BISHOPGATE LN JACKSONVILLE, FL 32204		
2. Principal Place of Business 9460 Delegates Drive Suite, Apt. #, etc. 112		3. Mailing Address 9460 Delegates Dr Suite, Apt. #, etc. 112			
City & State Orlando, Florida		City & State Orlando, Florida		4. FEI Number 59-3318867	
Zip 32837		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARTH, CHARLES U 567 BISHOPGATE LN JACKSONVILLE, FL 32204				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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE C <input type="checkbox"/> Delete NAME BARTH, CHARLES U STREET ADDRESS 2856 LAKESHORE BLVD. CITY-ST-ZIP JACKSONVILLE, FL 32210			TITLE President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Thomas Wheatley STREET ADDRESS 5700 Marlberry Drive CITY-ST-ZIP Orlando, FL 32819		
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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: Thomas Wheatley 2/21/05 407-851-1880 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					