2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000056227

1. Entity Name
ELECTRONIC COMPONENTS & FASTENERS, INC.

Principal Place of Business	Mailing Address
1010 MELLONVILLE AVENUE	1010 MELLONVILLE AVENUE
SANFORD, FL 32771-2239 US	SANFORD, FL 32771-2239 US

DO NOT WRITE IN THIS SPACE

07012004   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
59-3454569		Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. **Name and Address of Current Registered Agent**

REDDEN, OSCAR JR
1010 MELLONVILLE AVENUE
SANFORD, FL 32771-2239

DO NOT WRITE
IN THIS SPACE

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 renewing)   DATE

FILE NOW!!! FEE IS $150.00 **Due by September 8, 2004**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	REDDEN, ROSLYN
STREET ADDRESS	1010 MELLONVILLE AVE
CITY-ST-ZIP	SANFORD, FL 32771

U000000163305
07/06/04-80008-004 150.00

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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: *Roslyn Redden*   Roslyn Redden   6/30/04   (407)330-1428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Cert to Phone #