


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000036744	
1. Entity Name D C ELECTRONICS, INC.	

Principal Place of Business 10170 NW 32ND STREET SUNRISE, FL 33351	Mailing Address 10170 NW 32ND STREET SUNRISE, FL 33351
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**OWENS, DORIS C
38 S.E. 14TH STREET
DANIA, FL 33004**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OWENS, DORIS C 10170 NW 32ND STREET SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD OWENS, ROBERT D 10170 NW 32ND STREET SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/05/04-80083-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Doris C Owens Doris Owens 3/11/04 (954) 748-8291

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #