2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 08, 2004 8:00 am Secretary of State

DOCUMENT # P98000090896 1. Entity Name FRANCIS ELECTRIC INC					07-08-2004 90190 035 ***150.00			
Principal Place 6299 W SUNI STE-209 SUNRISE, FL	RISE-BLVD	Mailing Address 10460 NW 18TH MANC PLANTATION, FL 3332				IN THIN SOME NAME OF THE OWNER.	(8)U 88(E) (8)(8 NE(8 E)	III
2. Principal Pl	ace of Business W SUMRISE Blvd	3. Mailing Address	NRISE	E BLVD				
Suite 1	9	Suite, Apt. #, etc. Suite 119			06072004		R2E034 (10/03)	
Sity & State	ISE, FL	SUNRISE, FL			4. FEI Numb			plied For t Applicable
^{Zip} 3.3.1		^{Zip} 33313	Countr	ŠĄ	<u> </u>	of Status Desired	Fee Hequired	
	6. Name and Address of Current	Registered Agent		Name	7. Name and	d Address of New Regist	ered Agent	
FRANCIS, 6299 W-St	WRISE BLVD / 289 W	rd.	Street Address (P.O. Box Number is Not Acceptable)					
209 State 119 SUNRISE, FL 33313								
	•			City			FL Zip Code)
	named entity submits this statement for ions of registered agent,	the purpose of changing its	registere	d office or register	red agent, or bo	oth, in the State of Florida.	I am familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent a	ind title if applicable. (NOTi	E: Registered	Agent signature requirer	d when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ue by September 8, 2004	9. Election Campa Trust Fund Cont		· — •-	.00 May Be led to Fees	In accordance with s corporation did not re		
10.	OFFICERS AND		11.	***************************************	ADDITIONS	/CHANGES TO OFFICERS		
NAME STREET ADDRESS CITY-ST-ZIP	10 (OFAD)						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	١.	☐ Delete		1			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete -		1			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		l	_		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		I			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Delete	CITY -	EF ADDRESS ST-ZIP			☐ Change	☐ Addition
Indicated	certify that the information supplied with on this report or supplemental report is poration or the econor or trustee empo or on an attachment with an address,	true and accurate and that i	my sianati	ure shall have the	same legal effe	ect as if made under oath:	that I am an officer	or director
SIGNAT	URE: SIGNATURE AND TYPED OR F	PRINTED NAME OF SIGNING OFFICER	OR DIRECT	OR		61211ey	Daytime Phone #	