

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 09, 2004 08:00 AM
Secretary of State**

DOCUMENT # P99000104746

1. Entity Name
CURLEY'S ELECTRIC, INC.



Principal Place of Business
**10590 66TH AVE NORTH
#3
SEMINOLE, FL 33772 US**

Mailing Address
**10590 66TH AVE NORTH
#3
SEMINOLE, FL 33772 US**



07062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3609381

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VIZARO, NICHOLAS
10590 66 AVE NORTH STE 1-B
SEMINOLE, FL 33772**

**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 *Nicholas Vizaro*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

07-06-04
DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	SPT
NAME	VIZARO, DIANA
STREET ADDRESS	11264 73RD AVE N
CITY - ST - ZIP	SEMINOLE, FL 33772
TITLE	V
NAME	WALLIS, EMMETTE H
STREET ADDRESS	10590 66TH AVE W #3
CITY - ST - ZIP	SEMINOLE, FL 33772
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11000001047468
07/09/04-80003-002 550.00

**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)(f), 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: *Diana Vizaro*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/04
Date

727-3929990
Daytime Phone #