

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # S80382**

1. Entity Name  
F.T.E. CONTRACTORS, INC.



Principal Place of Business  
390 PONDELLA RD, STE. 2  
T.R. WOODBRIDGE  
NORTH FT MYERS, FL 33903

Mailing Address  
390 PONDELLA RD, STE. 2  
T.R. WOODBRIDGE  
NORTH FT MYERS, FL 33903



04282004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
36-3749778

Applied For  
Not Applicable

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

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

WOODBIDGE, T.R.  
390 PONDELLA RD  
SUITE TWO  
NORTH FT MYERS, FL 33903

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
STERN, EDWARD J.  
1805 WAUKEGAN RD  
GLENVIEW, IL 60025

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
STERN, EDWARD H.  
1805 WAUKEGAN RD  
GLENVIEW, IL 60025

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
STERN, FRANK  
1805 WAUKEGAN RD.  
GLENVIEW, IL 60025

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank Stern DT

Date

Daytime Phone #

4/28/04