


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90343 001 ***150.00

DOCUMENT # V65753

1. Entity Name
ELECTRICAL GOODS AND SERVICES, INC.



Principal Place of Business Mailing Address

**4785 SOUTH CITATION DR
 103
 DELRAY BEACH FL 33445**

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 103
 DELRAY BEACH FL 33445**

50040400



1st MOORE CR2E034 (10/04)

2. Principal Place of Business 3. Mailing Address

7951 LITTLE LANE **7951 LITTLE LANE**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

BOCA RATON FLORIDA **BOCA RATON FLORIDA**

4. FEI Number Applied For

65-0380597 Not Applicable

Zip Country Zip Country

33433 **PalM Beach city** **33433** **PalM Beach city**

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

6. Name and Address of Current Registered Agent

**BLOOM, LIAN
 7563 GLENDEVEN LANE #1308
 DELRAY BCH FL 33446
 7951 LITTLE LANE
 BOCA RATON, FLORIDA 33433**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BLOOM, LIAN	
STREET ADDRESS	7563 GLENDEVEN LANE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Lian Bloom* **LIAN BLOOM** 4/18/05 561-391-1123

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