


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90036 021 \*\*\*150.00

**DOCUMENT # 645013**

1. Entity Name  
**CULLUM ELECTRICAL SERVICES, INC.**



Principal Place of Business      Mailing Address  
 2111-34TH WAY NORTH      2111-34TH WAY NORTH  
 LARGO, FL 33771 US      LARGO, FL 34641

**\*\*\*NOTE ADDRESS CHANGE**



2. Principal Place of Business      3. Mailing Address  
**4150 UNIT A**      **4150 UNIT A**

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**112TH TERRACE N**      **112TH TERRACE N**

02202004    Chg-P    CR2E034 (10/03)

City & State      City & State  
**CLEARWATER, FL**      **CLEARWATER, FL**

4. FEI Number      Applied For  
**59-1944356**      Not Applicable

Zip      Country      Zip      Country  
**33762**      **USA**      **33762**      **USA**

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

6. Name and Address of Current Registered Agent

**CULLUM, DAVID L.**  
**12149-102ND AVE NORTH**  
**LARGO, FL 33778**

**\*\*Note Address change below.**

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, 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	PVP	<input type="checkbox"/> Delete
NAME	CULLUM, DAVID L	
STREET ADDRESS	10322 NICARON COURT	
CITY-ST-ZIP	LARGO, FL 33778	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CULLUM, DUDLEY R	
STREET ADDRESS	8130 CROOM RITAL RD	
CITY-ST-ZIP	BROOKSVILLE, FL 34602	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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 empowerers.

SIGNATURE: David L Cullum      2/26/04    727-573-9311

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

**DAVID L CULLUM, President**