2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H83400

FILED Jan 25, 2005 Secretary of State

Entity Name: ARMOUR'S ELECTRICAL SERVICES, INC.

Current Principal Place of Business: New Principal Place of Business: 4609 N. CLARK AVENUE 4609 N. CLARK AVENUE P.O. BOX 152325 P.O. BOX 152325 TAMPA, FL 336842325 TAMPA, FL 336842325 US **Current Mailing Address:** New Mailing Address: 4609 N. CLARK AVENUE 4609 N. CLARK AVENUE P.O. BOX 152325 P.O. BOX 152325 TAMPA, FL 336842325 TAMPA, FL 336842325 US FEI Number: 59-2582786 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ARMOUR, MARILYN D. 4609 N. CLARK AVE. P.O. BOX 152325 TAMPA, FL 33684 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition ARMOUR, LARRY M., Name: Name: 16102 ARMISTEAD LANE Address: Address: City-St-Zip: ODESSA, FL 33556 US City-St-Zip: Title: Title: () Delete () Change () Addition Name: ARMOUR, MARILYN D., Name: 16102 ARMISTEAD LANE Address: Address: ODESSA, FL 33556 US City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition PERELLA, DONNA D., PERELLA, DONNA D. Name: Name: 1106 91ST STREET NW 1106 91ST STREET NW Address Address: City-St-Zip: BRADENTON, FL 34209 City-St-Zip: BRADENTON, FL 34209 US Title: () Delete Title: (X) Change () Addition MCDANIEL, KIM MCDANIEL, KIM Name: Name: 10352 CARROLLWOOD LN 193 10352 CARROLLWOOD LN 193 Address: Address: City-St-Zip: City-St-Zip: **TAMPA, FL 33618 US** TAMPA, FL 33618 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARILYN D. ARMOUR V 01/25/2005