## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Aug 06, 2004 8:00 am Secretary of State **DOCUMENT # P03000141034** 07-29-2004 90013 035 \*\*\*150.00 1. Entity Name LEON ELECTRIC OF TALLAHASSEE, INC. Principal Place of Business Mailing Address PP491494 600 BARINEAU ROAD TALLAHASSEE FL 32304 **600 BARINEAU ROAD** TALLAHASSEE FL 32304 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (4/04) City & State 4. FEI Number 397123 City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BARNES-& JAMES, P.A. ..... 2629 BLAIRSTONE ROAD Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 City Zio 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 Signature, typed or primed name of registered agent and title if applicable (NOTE: Registered Agent signature required whon registating) DATE FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees did not receive prior notice. Fee to file is \$150.00. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete ☐ Addition ☐ Change WHITE, DENNY NAME MAME STREET ADDRESS **600 BARINEAU ROAD** STREET ADDRESS TALLAHASSEE FL 32304 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME MALKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP me = TITLE Delete Change\* Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE Delete Im∓ ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z# City-St-ZiP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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 affactment with an address, with all other like empowered. SIGNATURE: NG OFFICER OR DIRECTOR

**FILED**