


2004 FOR PROFIT CORPORATION ANNUAL REPORT

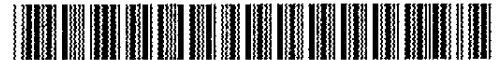
FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # 578561

1. Entity Name
JOHN'S ELECTRIC, INC.



Principal Place of Business 1101 PENNSYLVANIA AVE P.O. BOX 701167 ST CLOUD, FL 34770-8167	Mailing Address 1101 PENNSYLVANIA AVE P.O. BOX 701167 ST CLOUD, FL 34770-8167
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03312004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1839213	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIPPOLD, JOHN C
1720 CAROLYN CT.
ST CLOUD, FL 34769

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:  DATE: **4-4-04**

Signature, typed or printed name of registered agent, or title (non-applicable) (NOTE: Registered Agent signature required when relistening)

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

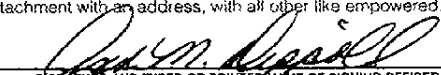
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000106495
 04708704-80017-014 138.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIPPOLD, ANN M 1720 CAROLYN CT. ST CLOUD, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIPPOLD, JOHN C 1720 CAROLYN CT. ST CLOUD, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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:  DATE: **3/5/04** DAYTIME PHONE #: **907-892-9141**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR