

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # B00000000236

1. Entity Name
HOUSTON-STAFFORD ELECTRICAL CONTRACTORS L.P.



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 APR 13 PM 3:31

W 04/13/04

Principal Place of Business
 10203 MULA CIRCLE
 STAFFORD, TX 77477

Mailing Address
 10203 MULA CIRCLE
 STAFFORD, TX 77477

2. Principal Place of Business

3. Mailing Address



02192004 Chg-LP CR2E003 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
 52-2129824

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C.T. CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # M00000001593
 NAME HOUSTON-STAFFORD MANAGEMENT LLC
 STREET ADDRESS PO BOX 947
 CITY-ST-ZIP STAFFORD, TX

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

*Removed by
 amend.
 04/17/04*

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
 NAME WILKS II, WILLIAM E
 STREET ADDRESS 2426 WEATHERFORD
 CITY-ST-ZIP PEARLAND, TX 77584

STREET ADDRESS

CITY-ST-ZIP

500032744175
 04/14/04--01045--001 **141.25

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/24/2004 *(800)847-5778*
 Date Daytime Phone #

STAPLE CHECK HERE