


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F18956</b> 1. Entity Name T & M ELECTRIC OF CLAY COUNTY, INC.	
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Principal Place of Business 200 COLLEGE DRIVE ORANGE PARK, FL 32065 US	Mailing Address 200 COLLEGE DRIVE ORANGE PARK, FL 32065 US
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**DO NOT WRITE IN THIS SPACE**



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2052695	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

LINTON, JAMES E.  
200 COLLEGE DRIVE  
ORANGE PARK, FL 32065

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

U00000579110  
01/09/07-80055-024 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST LINTON, JAMES E. 923 ARTHUR MOORE DRIVE GREEN COVE SPRINGS, FL 32043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LINTON, TERESSA L 923 ARTHUR MOORE DRIVE GREEN COVE SPRINGS, FL 32043
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  James E. Linton 1/3/2007 904-272-0272

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