




**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # G59111 1. Entity Name TOTAL ELECTRIC SERVICE OF TAMPA, INC.			
Principal Place of Business 8929 MAISLIN DRIVE TAMPA, FL 33637 US		Mailing Address 8929 MAISLIN DRIVE TAMPA, FL 33637 US	
DO NOT WRITE IN THIS SPACE			
		01052004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2321590	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
MADISON, JOHN M 8929 MAISLIN DRIVE TAMPA, FL 33637		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000003458 01/13/04-80057-019 158.75	
TITLE	P		
NAME	MADISON, JOHN M		
STREET ADDRESS	3002 BAYHEAD ROAD		
CITY - ST - ZIP	DADE CITY, FL 33523		
TITLE	VP		
NAME	BAKER, ROY W		
STREET ADDRESS	334 7TH AVENUE NORTH		
CITY - ST - ZIP	TIERRA VERDE, FL 33715		
TITLE	ST		
NAME	FOGG, NANCY L		
STREET ADDRESS	11403 BETSY WAY		
CITY - ST - ZIP	TAMPA, FL 33637		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
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 attachment with an address, with all other like empowered.			
SIGNATURE: 		JOHN MADISON PRESIDENT	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 1-7-04 Daytime Phone # (813) 899-4948	