


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90083 041 \*\*\*158.75

<b>DOCUMENT # H60259</b> 1. Entity Name <b>EDWARD CULPEPPER &amp; SONS ELECTRIC, INC.</b>	
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Principal Place of Business <b>C/O EDWARD CULPEPPER POST OFFICE BOX 824 INDIANTOWN, FL 34956</b>	Mailing Address <b>C/O EDWARD CULPEPPER POST OFFICE BOX 824 INDIANTOWN, FL 34956</b>
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2. Principal Place of Business <b>331 SW Herlong St.</b> Suite, Apt. #, etc.	3. Mailing Address <b>331 S.W. Herlong St.</b> Suite, Apt. #, etc.
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City & State <b>LAKE CITY, FL.</b>	City & State <b>LAKE CITY, FL</b>
Zip <b>32024</b>	Zip <b>32024</b>
Country <b>USA</b>	Country <b>USA</b>



03212004 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2536614</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent <b>CULPEPPER, STEPHEN E 16252 SW PINTO STREET LITTLE RANCH ESTATES INDIANTOWN, FL 34956</b>	
7. Name and Address of New Registered Agent Name <b>Rickey C. Culpepper</b> Street Address (P.O. Box Number is Not Acceptable) <b>331 S.W. Herlong St.</b> City <b>LAKE CITY</b> FL Zip Code <b>32024</b>	

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 *Rickey C. Culpepper* **RICKEY C CULPEPPER PTS 3-29-04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restate.) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS CULPEPPER, STEPHEN 16252 SW PINTO ST. INDIANTOWN, FL 34956 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS Rickey C. Culpepper 331 S.W. Herlong St. LAKE CITY, FL 32024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Rickey C. Culpepper* **RICKEY C CULPEPPER 3-29-04 386-623-4205**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #