

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H83400

FILED
Jan 28, 2004
Secretary of State

Entity Name: ARMOUR'S ELECTRICAL SERVICES, INC.

Current Principal Place of Business:

4609 N. CLARK AVENUE
P.O. BOX 152325
TAMPA, FL 336842325

New Principal Place of Business:

Current Mailing Address:

4609 N. CLARK AVENUE
P.O. BOX 152325
TAMPA, FL 336842325

New Mailing Address:

FEI Number: 59-2582786 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ARMOUR, MARILYN D.
4609 N. CLARK AVE.
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

ARMOUR, MARILYN D.
4609 N. CLARK AVE.
P.O. BOX 152325
TAMPA, FL 33684 US

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.

SIGNATURE: _____

01/28/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ARMOUR, LARRY M.,
Address: 16102 ARMISTEAD LANE
City-St-Zip: ODESSA, FL

Title: V () Delete
Name: ARMOUR, MARILYN D.,
Address: 16102 ARMISTEAD LANE
City-St-Zip: ODESSA, FL

Title: S () Delete
Name: PERELLA, DONNA D.,
Address: 1106 91ST STREET NW
City-St-Zip: BRADENTON, FL 34209

Title: T () Delete
Name: MCDANIEL, KIM
Address: 10352 CARROLLWOOD LN 193
City-St-Zip: TAMPA, FL

Title: AS (X) Delete
Name: GRANATO, SHARON
Address: 5100 OLD MILL COURT
City-St-Zip: INDIAN SPRINGS, AL 35124

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ARMOUR, LARRY M.,
Address: 16102 ARMISTEAD LANE
City-St-Zip: ODESSA, FL 33556 US

Title: V (X) Change () Addition
Name: ARMOUR, MARILYN D.,
Address: 16102 ARMISTEAD LANE
City-St-Zip: ODESSA, FL 33556 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: MCDANIEL, KIM
Address: 10352 CARROLLWOOD LN 193
City-St-Zip: TAMPA, FL 33618 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARILYN D. ARMOUR

V P

01/28/2004

Electronic Signature of Signing Officer or Director

Date