

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J87043

FILED
Apr 29, 2004
Secretary of State

Entity Name: ARC ELECTRIC OF JAX., INC.

Current Principal Place of Business:

462 NEW BERLIN RD
P.O. BOX 26581
JACKSONVILLE, FL 32218 US

New Principal Place of Business:

Current Mailing Address:

POB 26581
P.O. BOX 26581
JACKSONVILLE, FL 32226 US

New Mailing Address:

FEI Number: 59-2836984 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADKINS, TOMMY
17943 NASSAU DRIVE
JACKSONVILLE, FL 32226

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ADKINS, THOMAS L.,
Address: 17943 NASSAU DRIVE
City-St-Zip: JACKSONVILLE, FL 32226

Title: V (X) Delete
Name: ADKINS, ANTHONY O
Address: 14918 YELLOW BLUFF ROAD
City-St-Zip: JACKSONVILLE, FL 32226

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: THOMAS L. ADKINS

PRES

04/29/2004

Electronic Signature of Signing Officer or Director

Date