

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 14, 2004 8:00 am**  
**Secretary of State**

01-14-2004 90039 020 \*\*\*\*50.00

<b>DOCUMENT # L03000028887</b>					
<b>1. Entity Name</b> <b>J &amp; F ELECTRICAL SERVICES, LLC</b>					
<b>Principal Place of Business</b> <b>25305 ASH STREET</b> <b>BROOKSVILLE, FL 34601 US</b>			<b>Mailing Address</b> <b>25305 ASH STREET</b> <b>BROOKSVILLE, FL 34601 US</b>		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-0132904	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
<b>FISHER, MARTHA F</b> <b>25305 ASH STREET</b> <b>BROOKSVILLE, FL 34601</b>			<b>Name</b> _____ <b>Street Address (P.O. Box Number is Not Acceptable)</b> _____ _____ <b>City</b> <span style="float: right;"><b>FL</b></span> <b>Zip Code</b> _____		
<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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when resigning) _____ <b>DATE</b> _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2004</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGRM</b> <b>FISHER, MARTHA F</b> <b>25305 ASH STREET</b> <b>BROOKSVILLE, FL 34601</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGRM</b> <b>FISHER, James R.</b> <b>25305 Ash Street</b> <b>Brooksville FL 34601</b>	
_____	_____		_____	_____	
_____	_____		_____	_____	
_____	_____		_____	_____	
_____	_____		_____	_____	
_____	_____		_____	_____	
<b>11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>					
<b>SIGNATURE:</b> <i>Martha F. Fisher</i>			<b>1/12/04</b> <b>352-279-9836</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ <b>Date</b> _____ <b>Daytime Phone #</b> _____					