

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 31, 2004 8:00 am
Secretary of State

08-09-2004 90149 012 ****50.00

DOCUMENT # L03000044310

1. Entity Name

JIMMY KEMP ELECTRIC, LLC



Principal Place of Business

321 BAYOU AVENUE
PANAMA CITY FL 32401
FL

Mailing Address

321 BAYOU AVENUE
PANAMA CITY FL 32401
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E083 (4/04)



4. FEI Number

22-3902816

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00

Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEMP, JIMMY L
321 BAYOU AVENUE
PANAMA CITY FL 32401

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	KEMP, JIMMY L	
STREET ADDRESS	321 BAYOU AVENUE	
CITY- ST- ZIP	PANAMA CITY FL 32401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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.

SIGNATURE: Jimmy L Kemp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8-5-04

Date

850-914-0470

Daytime Phone #