


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90080 011 ****50.00

DOCUMENT # L03000048506	
1. Entity Name JOHN HINSON ELECTRIC LLC	

Principal Place of Business 2803 W BOBE STREET PENSACOLA FL 32505	Mailing Address 2803 W BOBE STREET PENSACOLA FL 32505
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2. Principal Place of Business Same 2803 W Bobe St Suite, Apt. #, etc.	3. Mailing Address Same 2803 W Bobe St Suite, Apt. #, etc.
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City & State Pensacola, FL	City & State Pensacola, FL
Zip 32505	Country Escambia

4. FEI Number 87-0716327	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HINSON, HELEN L 2803 W BOBE STREET PENSACOLA FL 32505

7. Name and Address of New Registered Agent Name: Hinson Helen L Street Address (P.O. Box Number is Not Acceptable): 2803 West Bobe St. City: Pensacola, FL Zip Code: 32505

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: *Helen L Hinson* (NOTE: Registered Agent signature required when reinstating)
DATE: 4-26-04

FILE NOW!!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HINSON, JOHN A 2803 W BOBE STREET PENSACOLA FL 32505 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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.
SIGNATURE: *John A Hinson*
Date: 4-26-04 Daytime Phone #: 850-433-7248