

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90036 022 ****55.00



DOCUMENT # L04000094432

1. Entity Name

GEORGE MCLENDON ELECTRIC SERVICE L.L.C.

Principal Place of Business

751 BELLEVUE AVE
 DAYTONA BEACH FL 32114

Mailing Address

751 BELLEVUE AVE
 DAYTONA BEACH FL 32114

2. Principal Place of Business

751 Bellevue Ave
 Suite, Apt. #, etc.

3. Mailing Address

Same AS #2
 Suite, Apt. #, etc.

City & State

Daytona Beach Fla

Zip

32114

Country

USA

City & State

Zip

Country

4. FEI Number

57-1785827

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

1st MOORE

CR2E083 (10/04)



6. Name and Address of Current Registered Agent

MCLENDON, GEORGE
 751 BELLEVUE AVE
 DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name

NONE

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

City

FL

Zip Code

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

George McLendon

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

(NOTE: Registered Agent signature required when reinstating)

4/28/05

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
 Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR Delete
 NAME: MCLENDON, GEORGE
 STREET ADDRESS: 751 BELLEVUE AVE
 CITY-ST-ZIP: DAYTONA BEACH FL 32114

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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TITLE: Delete
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 STREET ADDRESS:
 CITY-ST-ZIP:

10. ADDITIONS/CHANGES

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP: NONE

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
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 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

George McLendon

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

4/28/05 386-252-8650

Date

Daytime Phone #