2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001337

FILED Mar 11, 2004 Secretary of State

Entity Name: DUVAL COUNTY - JACKSONVILLE MASTER ELECTRICIANS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

220 A ROSSELLE ST 4951-A RICHARD STREET JACKSONVILLE, FL 32204 JACKSONVILLE, FL 32207

Current Mailing Address: New Mailing Address:

220 A ROSSELLE ST 4951-A RICHARD STREET JACKSONVILLE, FL 32204 JACKSONVILLE, FL 32207

FEI Number: 59-0537452 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROBERTS, RONNIE

220 A ROSSELLE ST

JACKSONVILLE, FL 32204

LUST, ROBERT O

4951-A RICHARD STREET

JACKSONVILLE, FL 32207

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: ROBERT O LUST 03/11/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition
Name: ENGLISH, GUS Name: PIERSON, DAVE

 Name
 Fickson, Dave

 Address:
 P.O. BOX 1799
 Address:
 2004 JONES ROAD

 City-St-Zip:
 JACKSONVILLE, FL 32201
 City-St-Zip:
 JACKSONVILLE, FL 32220

Title: D () Delete Title: D (X) Change () Addition

 Name:
 PIERSON, DAVE
 Name:
 ENGLISH, GUS

 Address:
 2004 JONES RD
 Address:
 P. O. BOX 1799

 City-St-Zip:
 JACKSONVILLE, FL 32220
 City-St-Zip:
 JACKSONVILLE, FL 32201

Title: D () Delete Title: D (X) Change () Addition

Name: KISTNER, MIKE Name: SULLIVAN, JOE

 Address:
 647 E 27 ST
 Address:
 13748 HAMMOCK CAY DRIVE

 City-St-Zip:
 JACKSONVILLE, FL 32206
 City-St-Zip:
 JACKSONVILLE, FL 32225

 Name:
 ROBERTS, RONNIE
 Name:
 LUST, ROBERT 0

 Address:
 2251 ROSSELLE ST
 Address:
 2553 POWERS AVENUE

 City-St-Zip:
 JACKSONVILLE, FL 32204
 City-St-Zip:
 JACKSONVILLE, FL 32207

Title: V () Delete Title: V (X) Change () Addition

 Name:
 GRAVES, RICHARD
 Name:
 NORTON, CLIFFORD

 Address:
 5726 CEDAR PARK LN
 Address:
 1870 DUNN AVENUE

 City-St-Zip:
 JACKSONVILLE, FL 32210
 City-St-Zip:
 JACKSONVILLE, FL 32218

Title: S () Delete Title: S (X) Change () Addition Name: OLYST, ROBERT Name: KISTNER, MIKE

 Name:
 OLYST, ROBERT
 Name:
 KISTNER, MIKE

 Address:
 4869 THOMAS CREEK DR
 Address:
 647 E 27TH STREET

 City-St-Zip:
 JACKSONVILLE, FL 32011
 City-St-Zip:
 JACKSONVILLE, FL 32206

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT O LUST MR 03/11/2004