

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90029 038 \*\*\*158.75

DOCUMENT # P00000076364

1. Entity Name

JM ELECTRICAL SERVICES INC.



Principal Place of Business

P.O. BOX 771886  
POMPANO BEACH FL 33077-1886

Mailing Address

P.O. BOX 771886  
POMPANO BEACH FL 33077-1886

2. Principal Place of Business

4102 Birchwood Dr.  
Suite, Apt. #, etc.

3. Mailing Address

22096 Boca Place Dr.  
Suite, Apt. #, etc.

#1214

City & State

Boca Raton, FL.

City & State

Boca Raton, FL.

Zip  
33487

Country  
U.S.A.

Zip  
33433

Country  
U.S.A.

4. FEI Number

65-1034063

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WARNER, PAT  
4102 BIRCHWOOD DR  
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME WYMAN, MITCH  
STREET ADDRESS 1316 NW 100 AVENUE  
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE D ☐ Delete  
NAME WARNER, PAT  
STREET ADDRESS 4102 BIRCHWOOD DR  
CITY-ST-ZIP BOCA RATON FL 33487

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☐ Addition  
NAME Mitch Wyman  
STREET ADDRESS 22096 Boca Place Dr. #1214  
CITY-ST-ZIP Boca Raton, FL 33433

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

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

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

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

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

12. 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 or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Mitch Wyman* Mitch Wyman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/7/05

Daytime Phone #

561-756-5495