


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000079677 1. Entity Name WILLIAMSON ELECTRIC OF JACKSONVILLE, INC		
Principal Place of Business 7155 COLLINS RD. JACKSONVILLE, FL 32244	Mailing Address 7155 COLLINS RD. JACKSONVILLE, FL 32244	
DO NOT WRITE IN THIS SPACE		
<div style="display: flex; justify-content: space-between;"> 01142004 No Chg-P CR2E034 (10/03) </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;"> 4. FEI Number 52-2267377 </div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> Applied For Not Applicable </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required </div>		
6. Name and Address of Current Registered Agent WILLIAMSON, KENNETH 7155 COLLINS RD. JACKSONVILLE, FL 32244	DO NOT WRITE IN THIS SPACE	
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMSON, KENNETH 7155 COLLINS RD. JACKSONVILLE, FL 32244	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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)(f), 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: <i>Kenneth Williamson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-15-04 904-771-3531 <small>Date Daytime Phone</small>

000000007250
01/20/04-80016-006 150.00