


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004 8:00 am
Secretary of State

01-28-2004 90010 028 ***150.00

DOCUMENT # P02000011037 1. Entity Name ED'S ELECTRICAL MAINTENANCE INC.					
Principal Place of Business 3602 FORT PEYTON CIRCLE ST AUGUSTINE, FL 32086			Mailing Address 3602 FORT PEYTON CIRCLE ST AUGUSTINE, FL 32086		
2. Principal Place of Business 7955 Morrison Rd		3. Mailing Address 7955 Morrison Rd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Hastings, FL		City & State Hastings, FL		4. FEI Number 37-1417919	
Zip 32145 Country USA		Zip 32145 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.	
6. Name and Address of Current Registered Agent CHALKE, DEBRA M 3602 FORT PEYTON CIRCLE = ST AUGUSTINE, FL 32086 =				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ADDRESS CHANGE ONLY: 7955 Morrison Rd City Hastings FL Zip Code 32145	
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) DATE _____					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHALKE, EDWARD S 3602 FORT PEYTON CIRCLE ST AUGUSTINE, FL 32086	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7955 Morrison Rd Hastings, FL 32145	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHALKE, DEBRA M 3602 FORT PEYTON CIRCLE = ST AUGUSTINE, FL 32086 =	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7955 Morrison Rd Hastings, FL 32145	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>VECL</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 1/25/04 Daytime Phone # (904) 192-4490					