

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000055401

1. Entity Name
MASTERS ELECTRICAL SERVICE, INC.



Principal Place of Business
788 GRAND PARKE DRIVE
JACKSONVILLE, FL 32259

Mailing Address
788 GRAND PARKE DRIVE
JACKSONVILLE, FL 32259

FILED
Aug 20, 2008 08:00 AM
Secretary of State



07142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
45-0477135

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROCHE, JOHN
788 GRAND PARKE DRIVE
JACKSONVILLE, FL 32259

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/1/08

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	ROCHE, JOHN
STREET ADDRESS	788 GRAND PARKE DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	PRES
NAME	MOWERS, GEORGE B
STREET ADDRESS	2043 POMPINO PKWY
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	SEC
NAME	ROCHE, DENICE
STREET ADDRESS	788 GRAND PARKE DR
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	TR
NAME	MOWERS, LINDA
STREET ADDRESS	2043 POMPINO PKWY
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000958018
08/20/08-80002-013 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John M Roche J.P.

John M. Roche

8/1/08

9046264748

Daytime Phone #