

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000060786

FILED  
Apr 26, 2004  
Secretary of State

**Entity Name:** TIM'S ELECTRICAL AND MAINTENANCE SERVICES, INC.

**Current Principal Place of Business:**

159 LONDON FOG WAY  
SANFORD, FL 32771

**New Principal Place of Business:**

1131 LEEWARD DRIVE  
DELTONA, FL 32738

**Current Mailing Address:**

159 LONDON FOG WAY  
SANFORD, FL 32771

**New Mailing Address:**

1131 LEEWARD DRIVE  
DELTONA, FL 32738

FEI Number: 01-0709146

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HOLCOMB, TIMOTHY L  
159 LONDON FOG WAY  
SANFORD, FL 32771

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

HOLCOMB, TIMOTHY L  
1131 LEEWARD DRIVE  
DELTONA, FL 32738

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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/26/2004

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HOLCOMB, TIMOTHY L  
Address: 159 LONDON FOG WAY  
City-St-Zip: SANFORD, FL 32771

Title: STD ( ) Delete  
Name: HOLCOMB, VICKI L  
Address: 159 LONDON FOG WAY  
City-St-Zip: SANFORD, FL 32771

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: HOLCOMB, TIMOTHY L  
Address: 1131 LEEWARD DRIVE  
City-St-Zip: DELTONA, FL 32738

Title: STD (X) Change ( ) Addition  
Name: HOLCOMB, VICKI L  
Address: 1131 LEEWARD DRIVE  
City-St-Zip: DELTONA, FL 32738

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

SIGNATURE: VICKI L. HOLCOMB

Electronic Signature of Signing Officer or Director

STD

04/26/2004

Date