

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:

04/26/2004

Electronic Signature of Registered Agent

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

STD

04/26/2004

Electronic Signature of Signing Officer or Director

Date