

2005 FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90005 004 ***150.00

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03282005 Chg-P CR2E034 (10/03)

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|---|-----------------------------------|--|--|---|--|
| DOCUMENT # P03000076181 | | | |  | |
| 1. Entity Name HIMES ELECTRICAL SERVICE, INC. | | | | | |
| Principal Place of Business 1040 LAND O'LAKES BLVD. LUTZ, FL 33548 | | | Mailing Address 1040 LAND O'LAKES BLVD. LUTZ, FL 33548 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 06-1701279 | |
| Applied For Not Applicable | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent HIMES, TIMOTHY P.O. BOX 516 LUTZ, FL 33548 | | | 7. Name and Address of New Registered Agent Name: <u>Vivian Himes</u> Street Address (P.O. Box Number is Not Acceptable): <u>2012 Meadowbrook Dr</u> City: <u>Lutz</u> State: <u>FL</u> Zip Code: <u>33558</u> | | |
| 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: <u>[Signature]</u> DATE: <u>3/28/05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | HIMES, VIVIAN | NAME | | | |
| STREET ADDRESS | 2012 MEADOWBROOK DRIVE | STREET ADDRESS | | | |
| CITY-ST-ZIP | LUTZ, FL 33549 | CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | HIMES, TIMOTHY | NAME | | | |
| STREET ADDRESS | 2012 MEADOWBROOK DRIVE | STREET ADDRESS | | | |
| CITY-ST-ZIP | LUTZ, FL 33549 | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | 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)(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>[Signature]</u> | | DATE: <u>3/28/05</u> | | OFFICER FILE # <u>(813)9091927</u> | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |