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Mar 30, 2005 8:00 am
Secretary of State
03-30-2005 90034 028 ***158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000127937

1. Entity Name
JAMES R. LEE ELECTRIC SERVICE, INC.

Principal Place of Business	Mailing Address
321 NE AVE PANAMA CITY, FL 32401-5457	321 NE AVE PANAMA CITY, FL 32401-5457

03242005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
204 SHERMAN AVE.	5100 BAYHEAD RD
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. N/A
City & State PANAMA CITY, FL	City & State YOUNGSTOWN, FL 32466
Zip 32401 Country BAY	Zip 32466 Country BAY

4. FEI Number 20-0365009 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEE, JAMES R
321 NE AVE
PANAMA CITY, FL 32401-5457

7. Name and Address of New Registered Agent

Name JAMES R LEE
Street Address (P.O. Box Number is Not Acceptable) 5100 BAYHEAD RD
City YOUNGSTOWN FL Zip Code 32466

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PS ☐ Delete	TITLE	PS ☒ Change ☐ Addition
NAME	LEE, JAMES R	NAME	JAMES R LEE
STREET ADDRESS	321 NE AVE	STREET ADDRESS	5100 BAYHEAD RD
CITY-ST-ZIP	PANAMA CITY, FL 324015457	CITY-ST-ZIP	YOUNGSTOWN, FL 32466
TITLE	VT ☐ Delete	TITLE	VT ☒ Change ☐ Addition
NAME	LEE, RONNIE J	NAME	RONNIE J LEE
STREET ADDRESS	321 NE AVE	STREET ADDRESS	5100 BAYHEAD RD
CITY-ST-ZIP	PANAMA CITY, FL 324015457	CITY-ST-ZIP	YOUNGSTOWN FL 32466
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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: Ronnie J Lee RONNIE J LEE, V.P. 3/24/05 850-722-1924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #