

2007 MAR 15 A 6:01  
**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

248003168

**FILED**

**Mar 19, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # P04000024937**

1. Entity Name

**LAWS ELECTRIC SERVICE, INC.**



Principal Place of Business

**3014 HIDDEN OAKS DRIVE  
MIDDLEBURG, FL 32068**

Mailing Address

**3014 HIDDEN OAKS DRIVE  
MIDDLEBURG, FL 32068**

**DO NOT WRITE IN THIS SPACE**



02162007 No Chg-P CR2E034 (11/05)

4. FEI Number

**20-0785659**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**JONES, TERRANCE A  
3509 HIGHWAY 17 (WESTOVER OFC PK)  
ORANGE PARK, FL 32003**

**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 Ben L. Harris

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

(NOTE: Registered Agent signature required when reinstating)

16 Feb 07

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HARRIS, BEN L
STREET ADDRESS	3014 HIDDEN OAKS DRIVE
CITY-ST-ZIP	MIDDLEBURG, FL 32068
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/28/07-80008-001 150.00

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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: Ben L. Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16 Feb 07

Date

904 610-0818

Daytime Phone #