




**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000000025		
1. Entity Name SAM'S ELECTRIC SERVICE, INC.		
Principal Place of Business 918 ROOSEVELT AVENUE NORTH LEHIGH, FL 33972 US		Mailing Address 918 ROOSEVELT AVENUE NORTH LEHIGH, FL 33972 US
DO NOT WRITE IN THIS SPACE		
		
01152004 No Chg-P CR2E034 (10/03)		
4. FEI Number 65-0544861		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
STUMBO, DARRYL V 918 ROOSEVELT AVENUE NORTH LEHIGH, FL 33972		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		U000000105827 04/07/04-80041-005 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STUMBO, DARRYL V 918 ROOSEVELT AVENUE NORTH LEHIGH, FL 33972	
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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
DO NOT WRITE IN THIS SPACE		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, without other like empowered.		
SIGNATURE:  4/5/04 239-332-7223 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		