


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State


02-04-2004 90071 037 ***150.00

DOCUMENT # S88020	
1. Entity Name B & L ELECTRICAL SERVICES INC.	

Principal Place of Business 2120 SNOOK DR. NAPLES, FL 34102 US	Mailing Address 2120 SNOOK DR. NAPLES, FL 34102 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

24007714



02012004 Chg-P CR2E034 (10/03)

8. Name and Address of Current Registered Agent	
GANT, BOB J. 4406 EXCHANGE AVE NAPLES, FL 33942	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

9. 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	DATE
(NOTE: Registered Agent signature required when renewing)	

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VS	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANT, BOB J.	NAME	
STREET ADDRESS	4406 EXCHANGE AVE	STREET ADDRESS	2120 SNOOK DR
CITY-ST-ZIP	NAPLES, FL 34104	CITY-ST-ZIP	NAPLES - FL 34102
TITLE	PT	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANT, BERNICE L.	NAME	
STREET ADDRESS	4406 EXCHANGE AVE	STREET ADDRESS	2120 SNOOK DR
CITY-ST-ZIP	NAPLES, FL 34104	CITY-ST-ZIP	NAPLES FL 34102
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		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: *Bernice L. Gant* **2-01-04 (239) 775-6961**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #