


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 377539</b> 1. Entity Name <b>J &amp; K ELECTRIC, INC.</b>	
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Principal Place of Business <b>2712 20TH AVE NORTH ST PETE, FL 33713</b>	Mailing Address <b>2712 20TH AVE NORTH ST PETE, FL 33713</b>
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**DO NOT WRITE IN THIS SPACE**



03082004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1313783</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>X</b>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**COOKE, WALKER A, JR.  
12964 OAKHURST RD.  
SEMINOLE, FL 33542**

**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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000100124</b> <b>03/31/04-80033-016 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD COCKE, WALKER A. SR. 2728 20TH AVENUE N. ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COCKE, WALKER A. JR. 12964 OAKHURST RD. SEMINOLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ZUMWALT, JAMES M, JR 315-6TH AVENUE INDIAN ROCKS BCH, FL
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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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)(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: Walker Cocke PRES 3-16-04 727-323-2288  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #