2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Sp. 1363860 Note Apple Sp. 1363860 Note Apple Sp. 1363860 Note Apple Sp. 1363860 Sp. 1363860 Note Apple Sp. 1363860 Sp. 1363860 Note Apple Sp. 1363860 Sp. 1	DOCUMENT # 380812 1. Entity Name JENKINS ELECTRIC CO., INC.		,		Feb 11, 2004 08:00 AM Secretary of State	
29.44	Principal Place of Business Mailing Address					
Suite, Apt. #, etc.	2944 JERSEY RD NW		2944 JERSEY RD NW			
Suite, Apt. #, etc.						
City & State City & State City & Sta						
Special Country Special Co	Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E034 (11/03)	
S. Certificate of Status Desired Fee Required F	City & State		City & State		4. FEI Number 59-1363860 Applied For Not Applicable	
STREET ADDRESS P.O. Box Number is Not Acceptable	Ζιρ			Country		
Sitent Address (P.C. Box Number is Not Acceptable) Sitent Address (P.C. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 After May 2, 20	6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent	
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 Richa. I an familiar with, and active obligations of registered agent. SIGNATURE SIGNATURE FILE NOW!!! FEE IS \$150.00 Make the May 1, 2004 Fee will be \$550.00 Make Check Payable to Fiorida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT IT TITL PD	2944 JERSEY ROAD				ess (P.O. Box Number is Not Acceptable)	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent. SIGNATURE Suppose of pointed retire of registeres agent and tide if nephcable. (NOTE Registered Agent signature majured when redictable.) DATE	WINTER HAVEN FL 33881					
SIGNATURE Signature in present of presented agent and size of anymount of the patterns of State Signature in present of presented or any of state Signature in present of presented or any of state Signature in present of State State Signature in present of State State Signature in present of State State State State State					Г Ь '	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Cheek Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITL NAME JENKINS, SCOTT W SITE! ADDRESS ORITY-ST-2IP TITLE STD Obelde MAKE STREIT ADDRESS ORITY-ST-2IP TITLE VAME JENKINS, MICHAEL E STREIT ADDRESS ORITY-ST-2IP TITLE NAME STREIT ADDRESS STREIT A	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.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	SIGNATURE					
### After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State						
TITLE	After May 1, 2004 Fee will be \$550.00				++ +	
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STREET ADDRESS CITY-ST-ZIP		· -	☐ Delete		☐ Change ☐ Addition	
NAME JENKINS,NORMA JEAN SIREIT ADDRESS CITY-ST-ZIP WINTER HAVEN FL TITLE NAME SIREIT ADDRESS CITY-ST-ZIP WINTER HAVEN FL TITLE NAME SIREIT ADDRESS CITY-ST-ZIP TITLE NAME SIREIT ADDRESS SIREIT ADDRESS CITY-ST-ZIP TITLE NAME SIREIT ADDRESS	STREET ADDRESS	2944 JERSEY RD NW		STREET ADDRESS	U00000046841 02/12/04-80017-009 150.00	
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12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 110 07/3/0/ Florida Statutes I further contifu that the information	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS 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 attachorate with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

FILED