




**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 380812</b> 1. Entity Name <b>JENKINS ELECTRIC CO., INC.</b>					
Principal Place of Business <b>2944 JERSEY RD NW WINTER HAVEN, FL 33881</b>		Mailing Address <b>2944 JERSEY RD NW WINTER HAVEN, FL 33881</b>			
<b>DO NOT WRITE IN THIS SPACE</b>					
				 01132005 No Chg-P CR2E034 (10/03)	
		4. FEI Number <b>59-1363860</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>JENKINS SCOTT W 2944 JERSEY ROAD WINTER HAVEN, FL 33881</b>				<b>DO NOT WRITE IN THIS SPACE</b>	
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 reinstating)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		PD JENKINS, SCOTT W 2944 JERSEY RD NW WINTER HAVEN, FL			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		STD JENKINS, NORMA JEAN 2944 JERSEY RD NW WINTER HAVEN, FL			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		V JENKINS, MICHAEL E 2944 JERSEY RD NW WINTER HAVEN, FL			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<b>DO NOT WRITE IN THIS SPACE</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE 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)(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 507, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					