

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90087 015 \*\*\*150.00

**DOCUMENT # 590914**

1. Entity Name

JA-MAR ELECTRICAL INC.



Principal Place of Business

736 N.E. 34TH COURT  
OAKLAND PARK FL 33334

Mailing Address

736 N.E. 34TH COURT  
OAKLAND PARK FL 33334

2. Principal Place of Business

701 NE 34 ST

Suite, Apt. #, etc.

3. Mailing Address

701 NE 34 ST

Suite, Apt. #, etc.

14000686



MOORE

CR2E034 (11/03)

City & State

OAKLAND PARK, FL 33334

Zip  
33334

Country

BROWARD

City & State

OAKLAND PARK, FL 33334

Zip  
33334

Country

BROWARD

4. FEI Number

59-1858322

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, MARJORIE S.  
736 N.E. 34TH COURT  
OAKLAND PARK FL 33334

7. Name and Address of New Registered Agent

Name  
MARJORIE S. WILLIAMS

Street Address (P.O. Box Number is Not Acceptable)

701 NE 34 ST

City

OAKLAND PARK

FL

Zip Code

33334

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PDT  
WOLFREY, FOREST D  
736 N.E. 34TH CT.  
OAKLAND PARK FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SD  
WILLIAMS, MARJORIE S.  
736 N.E. 34TH CT.  
OAKLAND PARK FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SD  
WILLIAMS, MARJORIE S.  
701 NE 34 ST  
OAKLAND PARK, FL ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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: Marjorie S. Williams - MARJORIE S. WILLIAMS 3-18-04 954-564-6142  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #