

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 849275

1. Entity Name  
JENNY ENGINEERING CORP., INC.



Principal Place of Business

2 EDISON PLACE  
SPRINGFIELD, NJ 07081 US

Mailing Address

2 EDISON PLACE  
SPRINGFIELD, NJ 07081 US

FILED

08 JAN 23 PM 3:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01142008 No Chg-P CR2E034 (11/05)

4. FEI Number  
22-1809955

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S.PINE ISLAND RD  
PLANTATION, FL 33324

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

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, 2008 Fee will be \$550.00**

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	CEO JENNY, ROBERT J. 406 SUMMIT ROAD MOUNTAINSIDE, NJ 07092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS JENNY, MARCELLINE D 406 SUMMIT ROAD MOUNTAINSIDE, NJ 07092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DONDE, PRAKASH M. 20 DEERWOOD TRAIL, WEST WARREN, NJ 07059
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP KWIATKOWSKI, THOMAS P 45 OBERLIN ST MAPLEWOOD, NJ 07040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

B 1/23/08

800116366618  
01/29/08--01038--022 \*\*150.00

800116366618  
01/29/08--01038--023 \*\*8.75

DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*[Signature]*

Thomas P. Kwiatkowski  
Exec. V.P.

01/14/08

473-374-6699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #