## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000002397

Title:

Name:

Address:

City-St-Zip:

Entity Name: T & J ELECTRICAL ASSOCIATES INC

() Delete

SESTITO, GINO J

TROY, NY

7 BRENTWOOD AVE.

FILED Apr 26, 2007 Secretary of State

Entity Nar	me: I&JELE	CTRICAL ASSOCIATES INC.	•			
Current Principal Place of Business:				New Principal Place of Business:		
636 SECOND AVENUE TROY, NY 12182				1090 INNOVATION AVE. UNIT A118 NORTH PORT, FL 34289		
Current Mailing Address:				New Mailing Address:		
636 SECOND AVENUE TROY, NY 12182				1090 INNOVATION AVE. UNIT A118 NORTH PORT, FL 34289		
FEI Number:	: 14-1627408	FEI Number Applied For ( )	FEI Nun	nber Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
CORPORATE ACCESS INC. 236 E. 6TH AVENUE TALLAHASSEE, FL 32303 US				SESTITO, ANTHONY M PCD. 1090 INNOVATION AVE. UNIT A118 NORTH PORT, FL 34289 US		
	named entity seconds	submits this statement for the	purpose o	f changing its registered	d office or registered agent, or both,	
SIGNATURE: ANTHONY M. SESTITO				04/26/2007		
Electronic Signature of Registered Agent					Date	
Election Car	npaign Financing	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PCD () SESTITO, ANTH 11 STAULTERS BALLSTON SPA	FARM ROAD		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () SESTITO, JOSI 120 ROWE LAN VALLEY FALLS	IE .		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S () SESTITO, JOAN 11 STAULTERS BALLSTON SPA	FARM ROAD		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ANTHONY M. SESTITO PCD 04/26/2007

() Change () Addition