

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

04-05-2005 90044 022 ***150.00
H19887

FILED

05 APR 21 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/04)

MRS

DOCUMENT # H19887

1. Entity Name
JERRY'S ELECTRICAL SERVICE, INC.
Jerry Elect.



Principal Place of Business
1811 BURNS DR P.O. Box 3213
TALLAHASSEE FL 32303 32315

Mailing Address
1811 BURNS DR P.O. Box 3213
TALLAHASSEE FL 32303 32315

1811 Burns Dr. 32303

2. Principal Place of Business
P.O. Box 3213
1811 Burns Dr.

3. Mailing Address
P.O. Box 3213
1811 Burns Dr.

City & State
Tallahassee FL

City & State
Tallahassee, FL

Zip
32303

Country
Leon

Zip
32315

Country
Leon

4. FEI Number
59-2445895

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
FOLEY, JEFF
1811 BURNS DR P.O. Box 3213
TALLAHASSEE FL 32303 32315
1811 Burns Dr

7. Name and Address of New Registered Agent
Name
Marlene Jones
Street Address (P.O. Box Number is Not Acceptable)
1811 Burns Dr
City
Tall FL Zip Code
32303

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 *Marlene Jones - Sec. Treas. Marlene J Jones Apr. 1-05*
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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
		FOLEY, JEFFREY	1811 BURNS DR P.O. Box 3213	TALLAHASSEE FL 32303 32315	<input type="checkbox"/>
		JONES, HOWARD	1811 BURNS DR	TALLAHASSEE FL 32303	<input type="checkbox"/>
		JONES, MARLINE	1811 BURNS DR	TALLAHASSEE FL 32303	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Marlene Jones* **4-1-05 385-9359**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #