

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90060 037 ***150.00

DOCUMENT # H19887

1. Entity Name

JERRY'S ELECTRICAL SERVICE, INC.



Principal Place of Business

1811 BURNS DRIVE
TALLAHASSEE FL 32303

Mailing Address

P.O. BOX 3213
TALLAHASSEE FL 32315



2. Principal Place of Business - No P.O. Box #

Tallahassee, FL
1811 Burns Dr.

3. Mailing Address

P.O. Box 3213-32315

1st MOORE

CR2E034 (10/06)

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

JONES, MARLENE
1811 BURNS DR
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 J. Jones

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, 2007 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 PD ☐ Delete
NAME FOLEY, JEFFREY
STREET ADDRESS PO BOX 3213
CITY- ST- ZIP TALLAHASSEE FL 32315

TITLE PD ☐ Delete
NAME JONES, HOWARD
STREET ADDRESS 1811 BURNS DR
CITY- ST- ZIP TALLAHASSEE FL 32303

TITLE STD ☐ Delete
NAME JONES, MARLENE
STREET ADDRESS 1811 BURNS DR
CITY- ST- ZIP TALLAHASSEE FL 32303

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

Marlene J. Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 31, 07-385-939
Date Daytime Phone #