
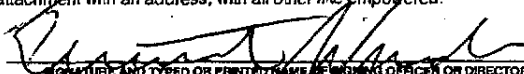


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # J74911 1. Entity Name JAK ELECTRIC ENTERPRISES, INC.		
Principal Place of Business 4430 20TH STREET NORTH ST. PETERSBURG, FL 33714 US		Mailing Address 4430 20TH STREET NORTH ST. PETERSBURG, FL 33714 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WINDISH, KENNETH 4430 20TH ST N ST. PETERSBURG, FL 33714		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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT WINDISH, KENNETH 4430 20TH ST. N. ST. PETERSBURG, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS WINDISH, ALYCE 4430 20TH ST. N. ST. PETERSBURG, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  1/4/05 727 688 2934 Signature and typed or printed name of signing officer or director Date Daytime Phone #		



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2816373	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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02/02/05-80078-010 150.00