2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 08, 2005 8:00 am Secretary of State DOCUMENT # J88197 04-08-2005 90072 016 ***150.00 JRL SOUTHERN ELECTRIC, INCORPORATED Principal Place of Business Mailing Address 4520 SIERRA LN. 4520 SIERRA LN. BONITA SPRINGS, FL 34135 **BONITA SPRINGS, FL 34135** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 03312005 Chg-P Applied For City & State City & State 4. FELNumber 59-2842579 Not Applicable Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired --Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HINGSON, ROY Street Address (P.O. Box Number is Not Acceptable) **4520 SIERRA LANE BONITA SPRINGS, FL** City 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. lingson registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE □ Delete TITLE ☐ Change Addition HINGSON, ROY NAME NAME STREET ADDRESS **4520 SIERRA LANE** STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS, FL CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition MCINTOSH, GARY NAME NAME **4520 SIERRA LANE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS, FL CITY-ST-ZIP Delete TIT! F TITLE ☐ Change ■ Addition HINGSON, LARRY-NAME STREET ADDRESS PARADISE ACRES STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS, FL CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME STREET ADORESS STREET ADORESS CITY-ST-ZP CHY-ST-ZP ☐ Detete ☐ Change ☐ Addition

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.

NAME

STREET ADDRESS CITY-ST-ZIP

	SIGNATURE:	beautyen gam Dropedy
į		SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME STREET ADDRESS

4-5-2005

Daytime Phone #

FILED