


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # J89144 1. Entity Name JIM KENNEY ELECTRIC, INC.	
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Principal Place of Business 12800 SOPHIA CIRCLE LARGO, FL 34644 US	Mailing Address 12800 SOPHIA CIRCLE LARGO, FL 34644 US
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DO NOT WRITE IN THIS SPACE



01282008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2838639	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KENNEY, JIM
12800 SOPHIA CIRCLE
LARGO, FL 34644

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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)

0000000811892
02/12/08 00024-012 150.00

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KENNEY, JIM 12800 SOPHIA CIRCLE LARGO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KENNEY, DONNA 12800 SOPHIA CIRCLE LARGO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: James Kenney JAMES KENNEY 1/30/08 727-596-2023

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #