

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # K90643**

1. Entity Name  
**CJS ELECTRIC INC.**



Principal Place of Business

6717 BENJAMIN ROAD  
STE. 112  
TAMPA, FL 33634 US

Mailing Address

6717 BENJAMIN ROAD  
STE. 112  
TAMPA, FL 33634 US



02202006 No Chg-P CRZE034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2949440**

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

6. Name and Address of Current Registered Agent

MARRA, NICHOLAS  
6717 BENJAMIN RD  
#112  
TAMPA, FL 33634

**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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MARRA, NICHOLAS
STREET ADDRESS	16520 SILVERHILL DRIVE
CITY-STATE-ZIP	TAMPA, FL
TITLE	D
NAME	GAJDOSZ, JAMES T.
STREET ADDRESS	12801 BAY LEAF PLACE
CITY-STATE-ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

1100000457464  
03/17/06-80005-013 150.00

**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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-06 813 8871090  
Date Daytime Phone #