## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

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1. Entity Name

BARKOSKIE ELECTRIC SERVICE, INC.



Principal Place of Business

Mailing Address

953 SHETTER AVENUE JACKSONVILLE BEACH, FL 32250 P.O. BOX 50325 JAX BCH, FL 32240 US



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f. FEI Number		Applied For
59-2982852		Not Applicable
Codificate of Status Desired	<b>58.</b>	75 Additional

6. Name and Address of Current Registered Agent

HUGHES, JAMES T 526 11TH AVE NORTH JACKSONVILLE BEACH, FL 32250

SIGNATURE:

## 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 Fiorida. 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						
	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finant     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUGHES, JAMES T 953 SHETTER AVENUE JACKSONVILLE BEACH, FL 32250					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000590931 01/19/07-80002-018 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			:			
TITLE 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 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 cath; 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.						

INTED NAME OF SIGNING OFFICER OR DIRECTOR