2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P01000018062 Feb 02, 2007 08:00 AM **Secretary of State** JENKINS ELECTRICAL CONTRACTORS, INC. Principal Place of Business Mailing Address 1407 SWISS LN DELTONA FL 32728 1407 SWISS LN DELTONA FL 32728 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suito, Apt. #, etc. Suite, Apt. #, otc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3702698 Not Applicable Zip Country Zıp Country \$8.75 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JENKINS, RICHARD C Street Address (P.O. Box Number is Not Acceptable) 1407 SWISS LN **DELTONA FL 32728** 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. SIGNATURE. Signature, typed or printed name of registered agent and little if applicable DATE (NOTE Registered Agent signature required when re-instaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPVT Hill! Delete ШЦ ☐ Change Addition JENKINS, RICHARD C U00000619319 NAMI NAME 02/08/07-80066-015 158.75 1407 SWISS LN STREET LADDRESS STREET ADORESS **DELTONA FL 32728** CITY-ST-ZIP CITY-ST-ZIP ш ☐ Change Dcletc TILLE Addition JENKINS, RICHARD C NAME 1407 SWISS LN STREET ADDRESS STREET ADDRESS **DELTONA FL 32728** CITY-S1-71P CITY - ST - ZIP 10101 Delete Ш Change Addition NAMI. NAME STREET ADORESS STREET ADDRESS CHY-S1-ZIP CITY-ST-ZIP Delete THIE Change Ch Addition NAMI NAME. STREET ADDRESS STREET ADDRESS CHY-SI-7IP CITY-ST-7IP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP TITLE Defete IIILE Change Addition NAME NAME. STALET ADDRESS STREET ADDRESS CHY-S1-7IP CHY-SI-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SI

KICHARO

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that I am an officer or director of the exercise 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.

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386, 804, 6353 Dayling Phone #

FILED