


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000064378
 1. Entity Name
 TOM JENKINS ELECTRICAL SERVICE, INC.



Principal Place of Business
 385 SW 2ND AVE.
 LAKE BUTLER, FL 32054

Mailing Address
 385 SW 2ND AVE.
 LAKE BUTLER, FL 32054

DO NOT WRITE IN THIS SPACE



01242006 No Chg-P CR2E034 (11/05)

4. FEI Number
 59-3729103 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 JENKINS, KAREN
 385 SW 2ND AVE.
 LAKE BUTLER, FL 32054

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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) 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	P
NAME	JENKINS, KAREN E
STREET ADDRESS	385 SW 2ND AVE.
CITY - ST - ZIP	LAKE BUTLER, FL 32054
TITLE	VP
NAME	JENKINS, THOAMS B JR
STREET ADDRESS	385 SW 2ND AVE
CITY - ST - ZIP	LAKE BUTLER, FL 32054
TITLE	VP
NAME	MORGAN, CLYDE
STREET ADDRESS	5624 NW HWY 41
CITY - ST - ZIP	JASPER, FL 32052
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: Karen E. Jenkins KAREN E. JENKINS Date: 1/24/2006 (386)496-8287
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #