

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 22, 2006 08:00 A
Secretary of State**

DOCUMENT # P02000107125

1. Entity Name

J & M ELECTRIC OF S.W. FLORIDA, INC.



Principal Place of Business

**25592 TROPIC ACRES DRIVE
BONITA SPRINGS, FL 34135**

Mailing Address

**25592 TROPIC ACRES DRIVE
BONITA SPRINGS, FL 34135**



03152006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

41-2062154

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JOSEPH, HOGUE
25592 TROPIC ACRES DRIVE
BONITA SPRINGS, FL 34135**

**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**

1100000476762
04/06/06-80025-010 150.00

10. OFFICERS AND DIRECTORS

**TITLE P,VP
NAME HOGUE, JOSEPH
STREET ADDRESS 25592 TROPIC ACRES DRIVE
CITY-ST-ZIP BONITA SPRINGS, FL 34135**

**TITLE S,T
NAME HOGUE, MARISA
STREET ADDRESS 25592 TROPIC ACRES DRIVE
CITY-ST-ZIP BONITA SPRINGS, FL 34135**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**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:

Marisa Hogue **MARISA HOGUE** **3-17-06 (234)947-3818**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #