

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000073411

Entity Name: JONES ELECTRIC, INC.

FILED
Apr 02, 2009
Secretary of State

Current Principal Place of Business:

689 WEST OXFORD DRIVE
DELTONA, FL 32725 US

New Principal Place of Business:

Current Mailing Address:

689 WEST OXFORD DRIVE
DELTONA, FL 32725 US

New Mailing Address:

FEI Number: 68-0568694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

JONES, EUGENE
689 WEST OXFORD DRIVE
DELTONA, FL 32725 US

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.

SIGNATURE: EUGENE JONES

04/02/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JONES, EUGENE
Address: 689 WEST OXFORD DRIVE
City-St-Zip: DELTONA, FL 32725 US

Title: D () Delete
Name: JONES, JOHNNIE
Address: 689 WEST OXFORD DRIVE
City-St-Zip: DELTONA, FL 32725 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EUGENE JONES

D

04/02/2009

Electronic Signature of Signing Officer or Director

Date