

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90068 050 ***150.00

DOCUMENT # P03000099650
 1. Entity Name
 JBC ELECTRIC OF TAMPA, INC.



Principal Place of Business: 11708 PALMER DRIVE TAMPA, FL 33624
 Mailing Address: 11708 PALMER DRIVE TAMPA, FL 33624

50027501

2. Principal Place of Business: 1045 Old Field Dr.
 3. Mailing Address: 1045 Old Field Dr.



02032005 Chg-P CR2E034 (10/03)

City & State: Tampa, Florida
 City & State: Brandon, Florida
 Zip: 33511
 Country: Hillsborough

4. FEI Number: 13-4264390
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MARTINEZ, GERALD
 11708 PALMER DRIVE
 TAMPA, FL 33624

7. Name and Address of New Registered Agent
 Name: ROBERTO ANDRADE
 Street Address (P.O. Box Number is Not Acceptable): 1045 OLD FIELD DR.
 City: BRANDON FL Zip Code: 33511

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: Roberto Andrade DATE: 3/14/05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARTINEZ, GERALD	
STREET ADDRESS	11708 PALMER DRIVE	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	President	<input type="checkbox"/> Delete
NAME	Roberto Andrade	
STREET ADDRESS	1045 Old Field Dr.	
CITY-ST-ZIP	BRANDON, FLA 33511	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an other like empowered.

SIGNATURE: *Gerald Martinez*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/05 (813) 9274393
 Date Daytime Phone #