

## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # P03000099650

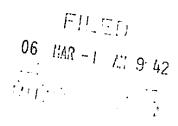
JBC ÉLECTRIC OF TAMPA, INC.



Principal Place of Business

1045 OLD FIELD DR BRANDON, FL 33511 Mailing Address

1045 OLD FIELD DR BRANDON, FL 33511





## DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05) 02212006

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

ANDRADE, ROBERTO 1045 OLD FIELD DR BRANDON, FL 33511

## DO NOT WRITE

					I IIIS SPACE
	e named entity submits this statement for the pitions of registered agent.	urpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered	t Agent signature	required when reinstating)	DATE
		Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
THE NAME STREET ADDRESS CITY-SI-ZIP	OFFICERS AND DIRECT P ANDRADA, ROBERTO 1045 OLD FIELD DR BRANDON, FL 33511	TORS	:		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<b>4</b> 03/0	00067450674 09/0601017028 **250.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS	2/10/04				

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

Robento tr SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #