

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P03000136418**

1. Entity Name  
C. JACKSON ELECTRIC, INC.



Principal Place of Business  
13327 UPPER MANATEE RIVER RD  
BRADENTON, FL 34212

Mailing Address  
P O BOX 603  
BRADENTON, FL 34206



02052008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
74-3109191

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

PÉEBLES & MORIARTY, P.A.  
1111 3RD AVENUE WEST, SUITE 210  
BRADENTON, FL 34205

**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 reattesting)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

U00000834232  
02/28/08-80043-016 150.00

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME JACKSON, JODY E  
STREET ADDRESS 13327 UPPER MANATEE RIVER RD  
CITY-ST-ZIP BRADENTON, FL 34212

TITLE VPST  
NAME JACKSON, JULIE C  
STREET ADDRESS 13327 UPPER MANATEE RIVER ROAD  
CITY-ST-ZIP BRADENTON, FL 34212

TITLE VPC  
NAME JACKSON, GUY L  
STREET ADDRESS 13327 UPPER MANATEE RIVER ROAD  
CITY-ST-ZIP BRADENTON, FL 34212

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: X

Jody E. Jackson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jody E. Jackson

2-12-08

941-747-6778

Date

Daytime Phone #