

# **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000008224

Entity Name: JANKOWSKI ELECTRIC, INC.

**FILED**  
**Mar 21, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

50-10TH ST.  
APALACHICOLA, FL 32320

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 74  
APALACHICOLA, FL 32329

**New Mailing Address:**

FEI Number: 34-1981020

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JANKOWSKI, STANLEY ROBERT  
50-10TH ST.  
APALACHICOLA, FL 32320 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: JANKOWSKI, STANLEY ROBERT  
Address: 50-10TH ST.  
City-St-Zip: APALACHICOLA, FL 32320

Title: VP ( ) Delete  
Name: CATES, MICHAEL  
Address: 1718 BLUFF RD.  
City-St-Zip: APALACHICOLA, FL 32320

**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: MICHAEL CATES

VP

03/21/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date