

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000024851

1. Entity Name

JIMMY'S ELECTRIC SERVICE, INC.



Principal Place of Business

1017 ROBIE AVENUE
MOUNT DORA, FL 32757

Mailing Address

P.O. BOX 932
MOUNT DORA, FL 32756



01202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

87-0718102

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STOOTHOFF, JANE A
1017 ROBIE AVENUE
MOUNT DORA, FL 32757

**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

Jane A. Stoothoff

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2-19-07

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
NAME	SHEDDAN, BARBARA
STREET ADDRESS	926 HELEN ST
CITY-ST-ZIP	MOUNT DORA, FL 32757
TITLE	D
NAME	STOOTHOFF, JANE A
STREET ADDRESS	1012 E SECOND AVENUE
CITY-ST-ZIP	MOUNT DORA, FL 32757
TITLE	D
NAME	STOOTHOFF, FREDERICK J
STREET ADDRESS	1012 E SECOND AVENUE
CITY-ST-ZIP	MOUNT DORA, FL 32757
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/01/07-80060-007 150.00

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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:

Jane A. Stoothoff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-07

Date

352-383-4868

Daytime Phone #