

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90085 035 ***158.75

DOCUMENT # P04000114689

1. Entity Name

W.T. JONES ELECTRIC INC.



Principal Place of Business

744 BUTTONWOOD RD. ~~NORTH~~
PALM BEACH FL 33408-4002

Mailing Address

744 BUTTONWOOD RD. ~~NORTH~~
PALM BEACH FL 33408-4002



2. NORTH PALM BEACH

3. NORTH PALM BEACH

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 20-1724498

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, WILLIAM T
744 BUTTONWOOD RD. NORTH
PALM BEACH FL 33408-4002

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P
JONES, WILLIAM T
744 BUTTONWOOD RD. ~~NORTH~~
PALM BEACH FL 33408-4002

NORTH PALM BEACH

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

S
JURY, DOUG
13222 53RD CT.
~~NORTH~~ ROYAL PALM BEACH FL 33411

13222 53RD CT. North

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

T
KESSLER, DOUGLAS
83 ANDROS ROAD
PALM SPRINGS FL 33461

NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: W.T. Jones WILLIAM T. JONES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-03-07

Date

561-791-4100 x4154

Daytime Phone #