

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2008 8:00 am**  
**Secretary of State**

01-10-2008 90011 006 \*\*\*158.75

**DOCUMENT # P04000114689**

1. Entity Name  
W.T. JONES ELECTRIC INC.



Principal Place of Business  
744 BUTTONWOOD RD. ~~NORTH~~ **DELETE**  
NORTH PALM BEACH, FL 33408-4002

Mailing Address  
744 BUTTONWOOD RD. ~~NORTH~~ **DELETE**  
NORTH PALM BEACH, FL 33408-4002

**DO NOT WRITE IN THIS SPACE**



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-1724498

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

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

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

**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 reinstating)

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

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME JONES, WILLIAM T  
STREET ADDRESS 744 BUTTONWOOD RD. ~~NORTH~~ **DELETE**  
CITY-ST-ZIP NORTH PALM BEACH, FL 334084002

TITLE S  
NAME JURY, DOUG  
STREET ADDRESS 132222 53RD CT. NORTH  
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

TITLE T  
NAME KESSLER, DOUGLAS  
STREET ADDRESS 83 ANDROS ROAD  
CITY-ST-ZIP PALM SPRINGS, FL 33461

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:**

*W.T. Jones*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/05/08

Date

561-627-1950

Daytime Phone #