## 2008 FOR PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

## **FILED** Jan 24, 2008 08:00 Al Secretary of State

	ANNUAL REPORT	
DOCUMENT  1. Entity Name JLC ELECTRICAL	# P04000170910 ., INC.	

Principal Place of Business

Mailing Address

101 LONDON FOG WY SANFORD, FL 32771

101 LONDON FOG WY SANFORD, FL 32771



01022008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-1238774 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARTWRIGHT, JUSTIN L 101 LONDON FOG WY SANFORD, FL 32771			DO NOT WRITE IN THIS SPACE		
	named entity submits this statement for the plions of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	f applicable (NOTE: Registered	Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE THE TADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIRECT PTSD CARTWRIGHT, JUSTIN L 101 LONDON FOG WY SANFORD, FL 32771	CTORS			U00000792966 01/24/08-80030-011 150.00
NAME - STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP			· <del></del> ·	_	NOT WRITE THIS SPACE
THLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME		:			

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.

CITY-ST-ZIP

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-07-08