2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000099622

1. Entity Name
JOB ALLIANCE ELECTRICAL CO. INC.

Principal Place of Business	Mailing Address
530 JAMESTOWN AVE LAKELAND, FL 33801-6224	530 JAMESTOWN AVE LAKELAND, FL 33801-6224

DO NOT WRITE IN THIS SPACE

01082007 No Chg-P CR2E034 (11/05)

4. FEI Number
43-2084965

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, JACOB OLIVET
530 JAMESTOWN AVE
LAKELAND, FL 33801-6224

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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 _____ U00000578738
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 01/08/07-80041-010 158.75

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	P
NAME	BROWN, JACOB OLIVET
STREET ADDRESS	530 JAMESTOWN AVE
CITY-ST-ZIP	LAKELAND, FL 338016224
TITLE	VP
NAME	BROWN, DEBORAH M
STREET ADDRESS	530 JAMESTOWN AVE
CITY-ST-ZIP	LAKELAND, FL 338016224
TITLE	S
NAME	BROWN, JACOB OLIVET
STREET ADDRESS	530 JAMESTOWN AVE
CITY-ST-ZIP	LAKELAND, FL 338016224
TITLE	T
NAME	BROWN, DEBORAH M
STREET ADDRESS	530 JAMESTOWN AVE
CITY-ST-ZIP	LAKELAND, FL 338016224
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Jacob O. Brown Jacob O. Brown 1-6-2007 (863)661-6481
SIGNATURE AND TYPED OR PRINTED NAME OF INCOMING OFFICER OR DIRECTOR — Date — Daytime Phone #