


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000099622</b> 1. Entity Name <b>JOB ALLIANCE ELECTRICAL CO. INC.</b>	
---	---

Principal Place of Business <b>530 JAMESTOWN AVE LAKELAND, FL 33801-6224</b>	Mailing Address <b>530 JAMESTOWN AVE LAKELAND, FL 33801-6224</b>
---	---

**DO NOT WRITE IN THIS SPACE**



02022008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>43-2084965</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>BROWN, JACOB OLIVET 530 JAMESTOWN AVE LAKELAND, FL 33801-6224</b>	<b>DO NOT WRITE IN THIS SPACE</b>
---	---------------------------------------

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
---	--	--

<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, JACOB OLIVET 530 JAMESTOWN AVE LAKELAND, FL 338016224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROWN, DEBORAH M 530 JAMESTOWN AVE LAKELAND, FL 338016224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROWN, JACOB OLIVET 530 JAMESTOWN AVE LAKELAND, FL 338016224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, DEBORAH M 530 JAMESTOWN AVE LAKELAND, FL 338016224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000829725  
02/26/08-80054-003 158.75

**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:** *Jacob O. Brown* **2-3-2008** **(863) 701-6874**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**(863) 661-6481**