


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

02-19-2007 90063 034 ***150.00

DOCUMENT # P05000111009 1. Entity Name JAS ELECTRICAL CONTRACTORS, INC.					
Principal Place of Business POST OFFICE BOX 500412 MALABAR FL 32950			Mailing Address POST OFFICE BOX 500412 MALABAR FL 32950		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number AP-PLIED FOR <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILUCKY, JAMES J CPA 1280 US HIGHWAY 1 MALABAR FL 32950			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent's signature required when registering) <small>Signature, typed or printed name of registered agent and title and date</small>					
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. <input type="checkbox"/> \$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	D <input type="checkbox"/> Delete HOFFMAN, JEFF POST OFFICE BOX 500412 MALABAR FL 32950		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete HOFFMAN, STACY POST OFFICE BOX 500412 MALABAR FL 32950		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Stacy A Hoffman</i> <i>Stacy A Hoffman</i> 2-9-07 321-432-090 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT

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Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		EIN 20-3272754 OMB No. 1545-0003	
1* Legal name of entity (or individual) for whom the EIN is being requested JAS ELECTRIC INC					
2 Trade name of business (if different from name on line 1)			3 Executor, trustee, "care of" name JEFF HOFFMAN		
4a* Mailing address (room, apt., suite no. and street, or P.O. box) POST OFFICE BOX 500412			5a Street address (if different) (Do not enter a P.O. box)		
4b* City, state, and ZIP code MALABAR FL 32950 -			5b City, state, and ZIP code		
6* County and state where principal business is located County BREVARD State FL					
7a* Name of principal officer, general partner, grantor, owner, or trustor JEFF HOFFMAN			7b* SSN, ITIN, EIN 275-46-1955		
8a* Type of entity (check only one) <input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ 1120S <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶			<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC Group Exemption NO. (GEN) ▶		
8b* If a corporation, name the state or foreign country (if applicable) where incorporated		State FL		Foreign country	
9* Reason for applying (check only one) <input checked="" type="checkbox"/> Started new business (specify type) ▶ ELECTRIC CONTRACTOR <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶			<input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶		
10* Date business started or acquired (month, day, year) AUG 15 2005			11* Closing month of accounting year DEC		
12 First date wages or annuities were paid or will be paid (month, day, year) <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)</i> ▶ OCT 1 2005					
13 Highest number of employees expected in the next twelve months <i>Note: If the applicant does not expect to have any employees during the period, enter "-0-"</i> ▶				Agriculture Household Other 1	
14* Check box that best describes the principal activity of your business			<input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Wholesale-other		
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Real estate <input type="checkbox"/> Other (specify)			<input type="checkbox"/> Rental & leasing <input type="checkbox"/> Manufacturing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Finance & insurance		
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. ELECTRIC CONTRACTOR					
16a* Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Note if "Yes" please complete lines 16b and 16c</i>					
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶					
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) City and state where filed Previous EIN					
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form					
Third Party Designee		Designee's name JAMES J MILUCKY CPA Address and ZIP code POST OFFICE BOX 500158 MALABAR FL 32950 -		Designee's telephone number (include area code) (321) 722 - 0882 Designee's fax number (include area code) (321) 989 - 0299	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly)				Applicant's telephone number (include area code)	

ATTACHMENT

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▶ JEFF HOFFMAN
Signature ▶ **Not Required**

Date ▶ August 09, 2005 GMT

(321) 953 - 6595
Applicant's fax number (include area code)
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