## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment

SIGNATURE:

## **Secretary of State DOCUMENT # P06000076888** 01-29-2007 90092 027 \*\*\*158.75 W.J. JONES ELECTRICAL CONTRACTING INC. Principal Place of Business Mailing Address P.O. BOX 2663 P.O. BOX 2663 60009198 FT. WALTON BEACH, FL 33549-2663 FT. WALTON BEACH, FL 33549-2663 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 213D Fourth St Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 01252007 Chq-P 4. FEI Number City & State Applied For City & State Ft Walton Beach FL Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AIA REGISTERED AGENT INC. Street Address (P.O. Box Number is Not Acceptable) 92 SADBERRY ROAD **QUINCY, FL 32351** City 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. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature regured when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Change [ ] Addition ☐ Delete JONES, WILLIAM J NAME 213 D FOURTH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT WALTON BCH, FL 32548 CITY-ST-ZIP ☑ Change ☐ Addition TITLE ☐ Delete TITLE Jones, Karissa 2130 Fourth St WILLIAMS, KARISSA NAME NAME 213 D FOURTH ST. STREET ADDRESS STREET ADDRESS Ft Walton Beach FL 32548 FT. WALTON BCH, FL 32548 CITY-ST-7IP CITY-ST-ZIP D Delete TITLE ☐ Change Addition TITLE NAME HENSLEY, MARK NAME STREET ADDRESS 406 ANCHORS ST. STREET ADDRESS CITY-ST-ZIP NICEVILLE, FL 32578 CITY-ST-7IP VD ☐ Delete ППЕ ☐ Change ☐ Addition TITLE BAIN, BRIAN NAME NAME STREET ADDRESS STREET ADDRESS 284 PANAMA DR. CITY-ST-ZIP CRESTVIEW, FL 32536 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

<u>-07 850.585-5</u>193

Daytime Phone €

FILED

Jan 29, 2007 8:00 am