

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000076888

FILED
Apr 27, 2009
Secretary of State

Entity Name: W.J. JONES ELECTRICAL CONTRACTING INC.

Current Principal Place of Business:

213D FOURTH STREET
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

600 SHREWSBURY ROAD
MARY ESTHER, FL 32569

Current Mailing Address:

P.O. BOX 2663
FT. WALTON BEACH, FL 335492663

New Mailing Address:

P.O. BOX 2663
FORT WALTON BEACH, FL 335492663

FEI Number: 13-4337438

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
5647 110TH AVE. NORTH
ROYAL PALM BEACH, FL 334110000 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: JONES, WILLIAM J
Address: 213D FOURTH ST.
City-St-Zip: FT WALTON BCH, FL 32548

Title: PD () Delete
Name: JONES, WILLIAM J
Address: 213D FOURTH STREET
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: STD () Delete
Name: JONES, KARISSA
Address: 213D FOURTH STREET
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D (X) Delete
Name: HENSLEY, MARK
Address: 406 ANCHORS STREET
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: JONES, WILLIAM J
Address: P.O. BOX 2663
City-St-Zip: FORT WALTON BEACH, FL 32549

Title: D (X) Change () Addition
Name: HENSLEY, MARK
Address: P.O. BOX 2663
City-St-Zip: FORT WALTON BEACH, FL 32549

Title: D (X) Change () Addition
Name: BAIN, BRIAN
Address: P.O. BOX 2663
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM JONES

DP

04/27/2009

Electronic Signature of Signing Officer or Director

Date