

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90251 031 \*\*\*150.00

**DOCUMENT # P99000004484**

1. Entity Name  
JA PRETORIUS ELECTRICAL, INC.



Principal Place of Business  
15603 TIMBERLINE DR  
TAMPA, FL 33624

Mailing Address  
P.O. BOX 152779  
TAMPA, FL 33684-2779

2. Principal Place of Business

3. Mailing Address

8001 N. Dale Mabry Hwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

501-M.

City & State

City & State  
Tampa Florida

Zip

Country

Zip

Country

33614

USA

03202006

Chg-P

CR2E034 (11/05)

4. FEI Number  
59-3623623

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHAW, BILL  
550 N. REO STREET  
SUITE 300  
TAMPA, FL 33609-1013

7. Name and Address of New Registered Agent

Name Hollister, William S.

Street Address (P.O. Box Number is Not Acceptable)

8001 N. Dale Mabry Hwy, Suite 501-M.

City Tampa

FL

Zip Code 33614

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

William S. Hollister

3-22-06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME PRETORIUS, JOHAN A  
STREET ADDRESS 15603 TIMBERLINE DR  
CITY-ST-ZIP TAMPA, FL 33624 ☐ Delete

TITLE VPD  
NAME PRETORIUS, JOHAN R  
STREET ADDRESS 15603 TIMBERLINE DR  
CITY-ST-ZIP TAMPA, FL 33624 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

J.A. Pretorius

3/20/06

813-968-5446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #