


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90025 041 ***150.00

DOCUMENT # S50549 1. Entity Name D & J ELECTRIC COMPANY	
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Principal Place of Business 2535 OVERLAND ROAD APOPKA, FL 32703 US	Mailing Address 2535 OVERLAND ROAD APOPKA, FL 32703 US
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40022384



02012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3065242	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JAMES F. CHAFFEE 954 APPLE LANE ALTAMONTE SPRINGS, FL 32714
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IN THIS SPACE**

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 <u>James F. Chaffee</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST JAMES F. CHAFFEE 954 APPLE LANE ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OWENS, DONALD L. <u>DONALD L. OWENS</u> 2612 HEALY DR ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <u>James F. Chaffee</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>2-16-06</u> Daytime Phone # <u>407-948-5403</u>