

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000090537

Entity Name: 2JS & ASSOCIATES, INC.

FILED
Apr 08, 2006
Secretary of State

Current Principal Place of Business:

309 EDGE OF WOODS ROAD
AUGUSTINE, FL 320923720

New Principal Place of Business:

5441 RIVERWOOD ROAD, NORTH
AUGUSTINE, FL 32092

Current Mailing Address:

309 EDGE OF WOODS ROAD
ST. AUGUSTINE, FL 320923720

New Mailing Address:

5441 RIVERWOOD ROAD, NORTH
ST. AUGUSTINE, FL 32092

FEI Number: 55-0791898

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHILIN, JOHN
309 EDGE OF WOODS ROAD
ST. AUGUSTINE, FL 320923720 US

Name and Address of New Registered Agent:

SCHILIN, JOHN
5441 RIVERWOOD ROAD, NORTH
ST. AUGUSTINE, FL 32092 US

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: JOHN SCHILIN

04/08/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: SCHILIN, JOHN
Address: 309 EDGE OF WOODS ROAD
City-St-Zip: AUGUSTINE, FL 320923720

Title: DVT () Delete
Name: SCHILIN, JOAN
Address: 309 EDGE OF WOODS ROAD
City-St-Zip: AUGUSTINE, FL 320923720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: SCHILIN, JOHN
Address: 5441 RIVERWOOD ROAD, NORTH
City-St-Zip: AUGUSTINE, FL 32092

Title: DVT (X) Change () Addition
Name: SCHILIN, JOAN
Address: 5441 RIVERWOOD ROAD, NORTH
City-St-Zip: AUGUSTINE, FL 32092

I hereby certify that the information supplied with this filing does not qualify for the 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: JOAN SCHILIN

PRES

04/08/2006

Electronic Signature of Signing Officer or Director

Date