


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000038560**  
1. Entity Name  
**J.P. CORLISS, INC.**



Principal Place of Business      Mailing Address  
**12787 AZTEC DR NORTH      12787 AZTEC DR NORTH**  
**JACKSONVILLE, FL 32246    US      JACKSONVILLE, FL 32246    US**

**DO NOT WRITE IN THIS SPACE**



04032006    No Chg-P    CRZE034 (11/05)

4. FEI Number      Applied For  
**59-3244572**      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**CORLISS, JOHN P**  
**12787 AZTEC DRIVE NORTH**  
**JACKSONVILLE, FL 32246**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when retaking)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent, and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST CORLISS, JOHN P 12787 AZTEC DRIVE NORTH JACKSONVILLE, FL 32246
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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:** *John P. Corliss*    **John P. Corliss**    4/3/06    (904) 221-5732  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #